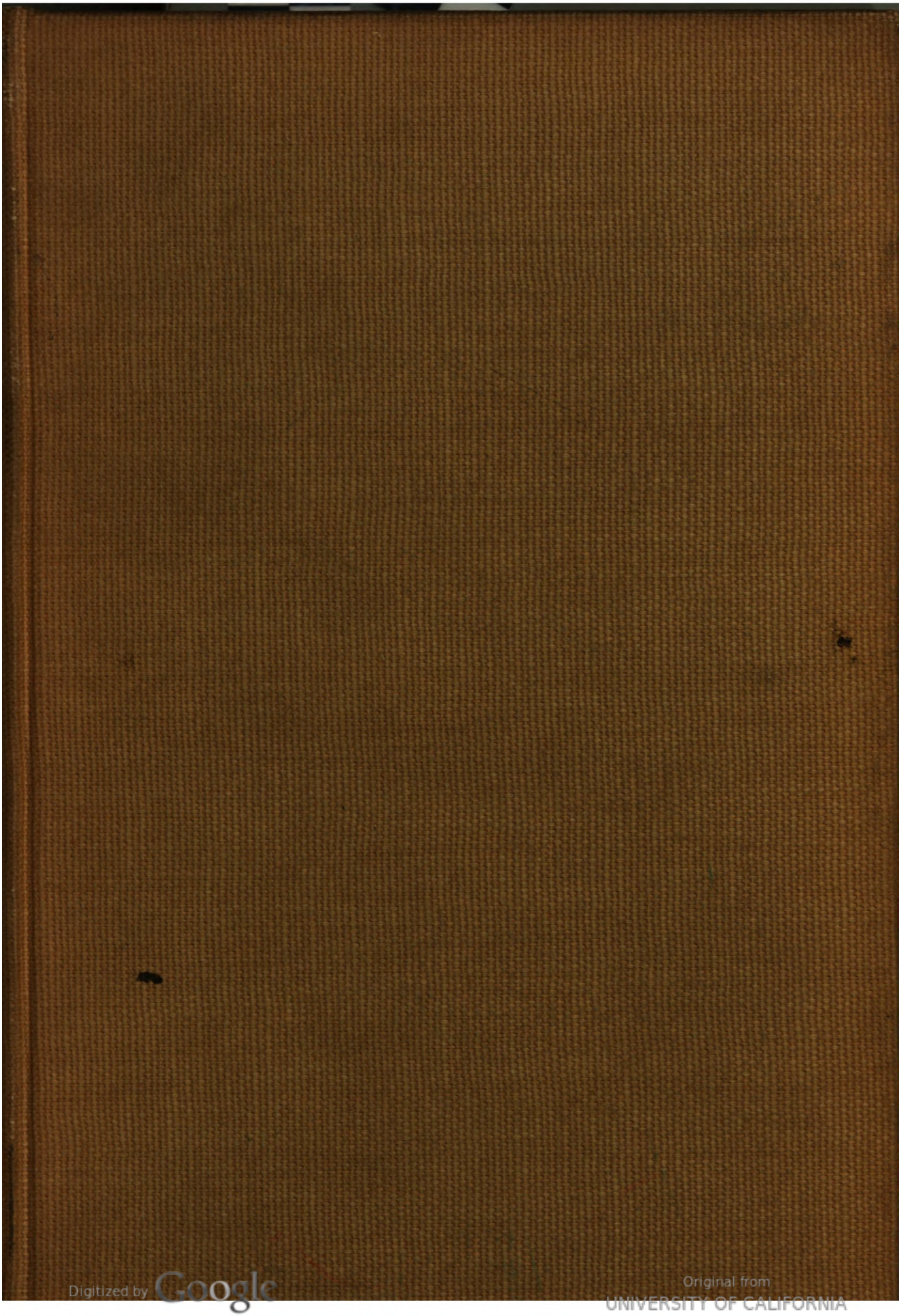

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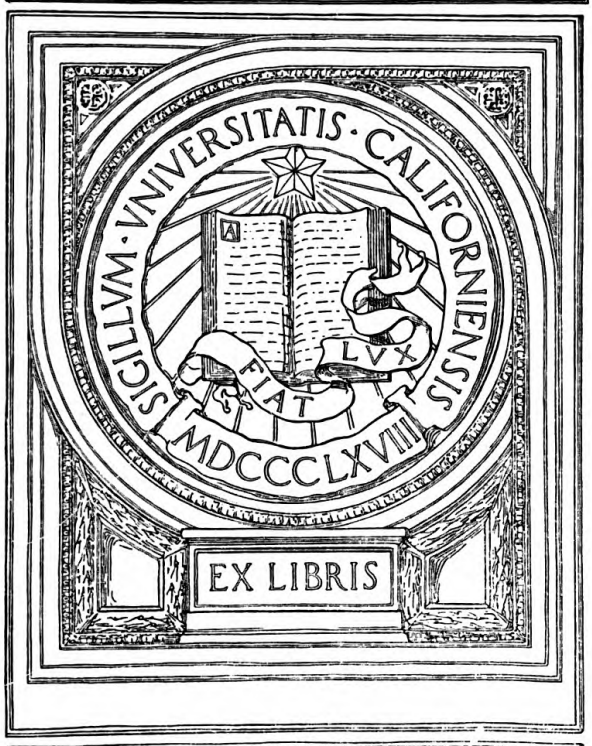
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THE

HOMŒOPATHIC WORLD.

JANUARY 1, 1916.

"WORDS, WORDS, WORDS."

WE have had the privilege of seeing part of a correspondence on the subject of Homœopathy between a distinguished member of our body and an eminent orthodox physician. The latter gentlemen is better acquainted with the subject than many of his colleagues, is as courteous as can be, and clearly desirous to be impartial. It would be unfair to refer too closely to a correspondence still proceeding, but we may be allowed to comment upon the attitude of the orthodox physician which seems to us characteristic of even the fair-minded among our opponents. It consists in an obvious disinclination to test the truth of Homœopathy *practically*, because of dissatisfaction with the *theoretical* explanations of its mode of action. The attitude is somewhat like this :—"I cannot frame a theory that pleases me to explain these alleged facts, therefore I am absolved from testing their validity." Now we can readily grant that any scientific man must be allowed to follow his inclination as to the class of phenomena which he chooses to study, and if the general conception of Homœopathy does not appeal to him, he will naturally find his work elsewhere. But our orthodox friends seem to go further. They discourage *any* investigation of Homœopathy as though a subject which fails to interest them is thereby *tabu*

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to all the world. They would not make such a claim in words but their attitude amounts virtually to making it. Of this we rightly complain. In science, the first step is to establish the actuality of phenomena, and only later to seek an explanation of them. The failure to find a satisfactory explanation will depend as often on our own ignorance as on our lack of ingenuity, but if facts are determined, sooner or later they will find the theory that relates them to our knowledge. Now, with Homœopathy, the men who *test* the matter are, by an overwhelming majority, convinced that its claims are valid. We cannot allow our opponents to refuse to test these claims themselves and discourage others from testing them and yet decry the value of our work on the ground that our theories do not please them. Only experiments can confute experiments. Homœopathists have made theirs and daily make them. On that rock is built their faith and it remains unshakable by any argument that deals with words and not with phenomena observed and tested.

CALENDULA.—The marigold lends itself admirably to the treatment of: Lacerated wounds; dental lacerations; lacerations of the perinæum; any torn, jagged wound. It very quickly heals the lacerated gums after extraction of teeth. (The action of the remedy surprised my dentist last spring, and he has since had abundant opportunity to verify the extraordinary healing property of *Calend.*). In laceration of the perinæum I wash the wound with a solution of one part of *Calendula* tincture to ten of water, insert the necessary sutures, and use the solution twice daily until the sutures are removed. If only the external fascia is lacerated the wound is washed with the solution and the torn surfaces drawn together wit Z-O adhesive plaster. The parturient receives the remedy internally, from the 2c upwards. *Calendula* does promote healing by first intention and prevents suppuration.—Dr. KAERCHER.

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NEWS AND NOTES.

A Correction.

By a printer's error in the December issue Dr. Davidson's subscription to the B.H.A. appeared as 1s. when it should of course have been £1 1s. We offer the heartiest apologies to our colleague for passing the error in reading proof.

Homœopathy in Petrograd.

Dr. Brasol writes from Petrograd to Dr. Burford :

Petrograd,
October 27th, 1915.

Dear Dr. Burford,

Petrograd stands in great need of hospitals, the more so that the small private hospitals have not stood the test of time and many are now closed, while the number of wounded keeps increasing. Many schools have been turned into hospitals and even the Winter Palace itself has been converted into a hospital of 1,000 beds ; yet, in spite of this, all the hospitals are filled to overflowing and there is not room enough for the new parties of sick and wounded. The existing homœopathic hospital is noted for its usefulness, has earned the repeated approval of the authorities and has been honoured with the *written* thanks of the Dowager Empress and the *verbal* thanks of the Emperor, conveyed through General Avelan.

Urea as an Antiseptic.

Some recent experiences with urea in the treatment of wounds are summed up in an article in the *Lancet* as follows :—

1. From laboratory and clinical tests it appears that urea as an antiseptic acts in the presence of blood. 2. That it is innocuous to animal tissues. 3. That in the quantities that can be used in wounds it is non-toxic. 4. That by its use at least half the labour necessitated by other methods of treatment is saved. 5. That during its use the processes of repair are not

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retarded. 6. The most striking results will probably be obtained by its use as a first-aid dressing. 7. It prevents suppuration arising in wounds from chronic blood infections.

Southport.

On December 9th a new day room was opened at the Southport Cottage Hospital by Lieut.-Col. Burnes-Gemmell. As our readers probably know, the Southport Hospital has been able to do much valuable work in receiving sick and wounded soldiers, and we congratulate its management on their enterprise and success.

A Pamphlet by Dr. Jagielski.

Some years ago Dr. Jagielski contributed a series of papers to this journal concerning massage in its physical and mental aspects. These papers he has now made into a neatly bound volume and those readers who followed the original writings with interest may be glad to renew acquaintance with them.

London Homœopathic Hospital.

This Hospital, which has been in existence for sixty-five years, has, since the commencement of the war, held seventy-five beds available for the use of either the Admiralty or the War Office. A considerable number of naval patients returned from the Dardanelles have recently been admitted by request of the Admiralty, the majority of whom are still under treatment in the wards specially set apart, and more are expected to arrive soon.

Owing to the war a heavy strain has been put upon the financial resources of the Hospital by the increased cost of provisions, fuel, and commodities necessary for the efficient working of a large Institution; also due to the same cause, the support which the Board of Management relied upon in years past has considerably diminished, consequently the expenditure in excess of income is far greater in the present year.

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The Board earnestly appeal for donations and new subscriptions, which will be thankfully received by the Treasurer, Lord Donoughmore, or by Mr. Caird, Chairman of the Board of Management, or by the Secretary, at the Hospital, Great Ormond Street and Queen Street, W.C.

NOTIFICATION.

*** Under this heading we shall be happy to insert notices of appointments, changes of address etc., and holiday arrangements.

THE QUINTON POLYCLINIC.

The QUINTON POLYCLINIC has removed from Poland Street to 225, *Euston Road.*

THE CAUSE OF TUBAL PREGNANCY AND THE FATE OF THE ENCLOSED OVUM.—Hall (*Surg., Gyn. and Obs.*, xxi. 13), from the study of 117 specimens collected during seventeen years and the accompanying data, shows that this condition is definitely associated with inflammation. Most commonly it is a chronic inflammation followed by adhesions and kinking of the tube. The occurrence of tubal pregnancy indicates that the inflammatory condition in the tube, which prevented pregnancy, is gradually disappearing, and the tube would have in time healed, and thus permitted the fertilised ovum to reach the uterus. In a second type the muscular wall is thick and fibrous, and numerous small diverticula reach out into the muscular coat, often distended at their blind ends. In other specimens they run in parallel lines, thus forming numerous small lumina side by side. The commonest cause is tubal inflammation and follicular salpingitis. It seems as if the cells can carry the ovum to the middle of the tube, but no further, and then inflammation takes place. In the tube practically no decidua is formed, and therefore from the beginning the ovum must be surrounded by an excess of blood. The trophoblast has a marked tendency to produce a peculiar necrosis of the maternal tissues, producing the so-called fibronid substance. With the aid of this a strong wall is formed between the tips of the villi and the tissues of the tube. In every respect the condition found in normal implantation in the tube seems to be identical with that found in the uterus, except that there is no formation of decidua. Whenever the degree of alteration in the tube wall is pronounced and accompanied with marked infection, the ovum does not implant itself well. It dies suddenly and shows no tendency to grow in an irregular fashion.—F.

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ORIGINAL COMMUNICATIONS.

FOOD *versus* PHYSIC.

By Dr. J. Haddon.

It is said that a man is either a fool or a physician at forty, which I suppose means that a man of forty ought to know what to eat, and eat only such food as agrees with him. With such a test, I fear that even the majority of modern physicians are fools far beyond forty. I saw one of the leading physicians at the meeting of the British Medical Association held just a few weeks before his death, and warned him of the danger he was in, and the need he had to be careful as to diet, but he thought he was all right, which is a common failing, and said he had been studying diet all his life. Hippocrates and Galen and other ancient physicians have lived far beyond the allotted span, but modern medical men die comparatively young, and there can be little doubt that they would live as long as Hippocrates did if they paid as much attention to food as they do to physic.

I broke down in health very early in my career and after a severe attack of appendicitis retired from practice at the age of thirty-seven. I am now seventy and during the interval I have had time as well as occasion to study diet, and now I need no drugs, my food having become my physic. In my attack of appendicitis I was attended by Dr. Roberts (afterwards Sir William Roberts) when he was working pepsine and before it was prepared and sold as Benger's food. The first time he saw me, he ordered me to be fed on peptonised milk, and as it were by way of apology he said, "Now, you are the first patient I have prescribed pepsine for to-day." There is a story told of the late Sir J. Y. Simpson, who was fond of physic. One day a lady had looked at her prescription and not understanding one of the ingredients she asked the old man who attended the door about it. He looked at it and said, "Oh, it is all right, he's giving them all that just now." Such facts prove that some of our best physicians are like the alchemists of old,

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hoping to find the elixir of life in the form of physic, utterly unconscious that food ought to be their physic.

I am old enough to remember the tail end of the turmoil caused by Homœopathy in Edinburgh. The Professor of Pathology (Henderson) was a homœopath and wrote in its favour, while the Professor of Midwifery (Simpson) was its most prominent antagonist, so that I knew something about Homœopathy in my student days, and tried it when in practice with results no better so far as I could judge than from allopathy. But, since I studied diet, and learned its importance, my conscience urges me to bring the subject before the profession. Some years ago, I thought of visiting Edinburgh and Glasgow at the week-ends and trying to get some consulting practice, but when looking for rooms in Edinburgh I called on a fellow student who lectured on Materia Medica in the College of Surgeons, who, on hearing my views and my anxiety to spread them, said I should come in to Edinburgh and lecture to the students. That idea had never occurred to me, but finding that it was practicable, and thinking that if I could influence the students, I would do more good than I could hope to do in consulting practice, I determined to follow his advice. To get a room was the greatest difficulty, but as I intended to lecture on the Saturday morning only, when no other classes met, I thought I might get a room in the University. On applying I was informed by the Dean that they could not let me have a class room, but referred me to the College of Surgeons where they thought I might get one. I went there and saw the secretary (who taught anatomy) and he thought there would be no difficulty in getting a class room. The lecturer on Materia Medicia told me that £10 a year was the fee for a class room for an hour lecturing five times a week. After waiting for a long time I received a post card from the College of Surgeons telling me that the fee for a class room for an hour on Saturday morning would be "at least ten guineas." It was evident that diet was not more popular in the Edinburgh faculty in my old age than Homœopathy had been in my youth. However, in spite of the boycott of both Universities

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and College I secured a room opposite the new Infirmary, put up my placard letting the Students know that I would lecture on "Dietetics," or "The Science of Human Life," and that attendance would be free, for I was determined that the poorest should not be kept from attending through poverty.

At my introductory lecture there were about half a dozen students among the audience, but they did not return, and as I did not care to lecture to the public I brought the course to an end. Baulked by the teaching profession and unable to attract the students and determined not to be beaten I continued to visit Edinburgh at the week-end and attended the meetings of the Royal Medical Society, of which I was a member, and where the cream of the medical students met every Friday night to discuss medical and surgical cases. At these meetings I took every opportunity of speaking, and before the end of the session the members were pretty well acquainted with all I had to teach as to the value of a knowledge of Dietetics. At the first inter-University Congress in Glasgow held after my attempt to teach the students, it was moved that their teachers should be asked to teach them Dietetics, but the motion was lost by a majority of one, the chief argument against it being that it would be dictating to their teachers. Next year, however, when the Congress was held in Edinburgh, the same motion was carried unanimously; but, so far as I know, the teachers made no move, and are, I fear, not likely to do so. If, however, the General Medical Council were doing its duty, it would make "Dietetics" a compulsory subject for a licence, and then it would be taught. The history of my attempt to teach "Dietetics" in Edinburgh proves, I think, that there must be some personal feeling against myself, or against the subject, as there was against Homœopathy when it was first enunciated as a new theory.

Not being in practice, I determined to write out my views, which I published in a book called "A Doctor's Discovery," for, though not new, it was quite original on my part; and, as I kept the book in my own hands, I know that a good many members of the

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British Medical Association have got it; but, a few weeks ago, a homœopath wrote for a copy, having seen a letter of mine in the *British Medical Journal*, saying that I was "proving" foods, as Hahnemann "proved" drugs. He advised me to appeal to homœopaths, who, he thought, would be more likely than allopaths to listen to my doctrine, hence this article. I used to think that it was owing to Homœopathy that allopathic physicians said there had been a change of type in disease, when they gave up bleeding, but when I was going to Edinburgh at the week-ends I used to visit old book shops, and a man in one of them, having heard my views, said I should read "The Forbidden Book," by Dr. Dickson. I had never heard of it, but he produced a copy which I read with great interest, and I think it probable that Dr. Dickson may have helped. When I was resident physician in the University Clinical Wards of the Royal Infirmary of Edinburgh, I remember a woman who had brought her invalid husband to the waiting room who spoke for him, saying he required to be "renovated." Much as I have forgotten, I have never forgotten that. That woman seemed to think that a man could be put right as a watch could when it got wrong. I was amused at her ignorance, but the author of "The Forbidden Book," a Dr. Dickson, compares the animal body to a watch. He says, "The best medical education is to study the action of remedial forces on living man! But previously to applying himself to such study, the young physician ought to be made acquainted with a piece of knowledge, which, to this hour, I believe, is still untaught in any of our schools of medicine, namely—the Periodicity and Intermittency of all animal movement, whether in health or disease—the tidal fluxes and refluxes—the alternate attraction and repulsion of every organ and atom of the living body—together with the varying thermal changes they undergo. All this it has been my fortune or fate to discover. Like the various movements of a watch or chronometer, all the movements of the body of a man in health resolve themselves into a unity or harmony of special periodic action. So like, indeed

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to a living thing is that curious invention of human genius—the watch, on first beholding it the savage will scarcely be convinced that it does not live. Each wheel of that machine completes its revolution in a special period of time. Each organ and atom of a being in perfect health does the same. Any alteration of the time, or period of movement of every other important part, perceptibly alters in a corresponding manner the periodic movement of every other important part of either machine. To cure sickness you must make the body to keep time, time in the pulse—time in the breathing—time in the functions of the various secreting organs—time in the hours of eating, sleeping, waking, in a word, you must periodise every one of the organic motions of man—you must periodise the man himself. You must do the same with the wheels of a watch that goes badly. When in perfect working order, both machines are chronometers, or time keepers." That quotation may suffice to give your readers some idea of Dr. Dickson's theory of Chrono-Thermalism, which take it all in all is so far as I know the best theory that has ever been conceived to account for disease. A wrong food puts the system out of time, and the recuperative power in the animal body, acting like instinct, sets up a fever to put things right, and if let alone would no doubt succeed, but the physician is called in, and what with food and physic the " vis medicatrix naturæ " as it has been called, has no chance. The late Dr. Donaldson, principal of the University of St. Andrews, when dying at a very advanced age, would neither have a doctor to attend him nor take physic of any kind, and, I think, on the whole he was wise, for, in these days of such potent medicines, and abominable viruses of all sorts there can be little doubt that many die of the doctor. Burns in " Death and Dr. Hornbook," was very near the truth as to the whole medical faculty in his day. Now, if one has a doctor, and it is possible we may have legislation to compel folks to have a doctor, as well as to have a half holiday, a homœopathic one will be the safest, for a small dose is, at least, less harmful than a large one. But I must not trespass further on your space,

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and conclude by hoping that your readers will study food as they have studied physic, and they will find it will pay.

THREE MONTHS IN PARIS, 1915.*

By Alfred E. Hawkes, M.D.
Medical Officer, Hahnemann Hospital, Liverpool, and Secretary to the Branch Society.

On Wednesday evening, May 26th, having reached London by way of Northampton, I called upon Miss Lambert at the London Homœopathic Hospital, Great Ormond Street, and through her promptitude I speedily completed my preparations for the journey. About six o'clock she telephoned to Knightsbridge and ascertained that the Acting Secretary had not left the office of the French Red Cross. A taxi soon brought me face to face with this gentleman, and during the following day I obtained my passport, got it *viséd* by the Consulate people, and repaired early to the Euston Hotel, where I met my friend and neighbour, Professor B., whose dormitory was almost next to mine. We breakfasted together, and I was soon on my way to Victoria, where I was relieved of all the gold in my pouch, as all my wants could be met through the medium of paper and other currency than gold. The voyage across was uneventful. A number of small craft hovered near what seemed to be a line of buoys on the eastern portion of the Channel traversed. My khaki, simple as it was, attracted the notice of Londoners, and one old gentleman in Kingsway congratulated me on my enterprise in view of my years! He had been a real soldier, and I felt my position rather acutely. I forgave him, as I did the many who saluted the said uniform, but the wish often came that had I been really going to the front. The uniform, soon after the landing at Boulogne, led to my being challenged by a Scotland Yard detective, who, not content with my passport and certificates

* A paper read at the opening of the Session 1915-16 of the Liverpool Branch of the British Homœopathic Society, October 14, 1915. Reprinted from the *British Homœopathic Journal*.

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from the French Red Cross, complained in a threatening way that I had not the brassard to which I was entitled. So uncompromising was his attitude that a fellow-traveller urged that I should attempt to get one at Boulogne. However, this official sought other subjects for his undesirable attentions, and I obtained a comfortable seat in the Paris train. Ample time was afforded us to witness the barterings of Tommy Atkins and the fruit vendors, and an opportunity of sharing in the little transactions was availed of for our comfort during the journey. The long railway journey was pleasantly negotiated, and on our arrival the Red Cross Society's offices came into view, and another little attempt was made to complete the outfit. The lady, instead of giving me the coveted armlet, took me to the English Red Cross depot, where speedily the kind folk gave me some tea, a boiled egg and some bread-and-butter. Refreshed, I soon was speeding along to my destination in a taxi, quite ignorant of the fact that to pass through the gates of the city involved the taxi-driver in extra charges, which, of course, fell upon the innocent victim occupying the inside seat. The gates of the Villa Borghese almost automatically opened on our arrival, and an English —not to say Scotch—welcome was accorded me.

Circumstances which need not be enlarged upon led to the departure of two of the medical officers, and I was introduced to my new surroundings and my new patients by the veteran who had so carefully studied them, viz., Dr. MacNish. The beautifully wooded grounds, the deep green of the grass-plots, and the brightness of the flower-beds, coupled with the fact that the suffering inmates were for the most part doing well, imparted a peculiar feeling of repose to the newcomer, and the duties devolving were soon easily encompassed. The mansion, which rumour says was occupied by a Prussian Prince during the 1870 crisis, has been sufficiently described by Dr. Roberson Day in a recent number of this journal. To my lasting regret I could not legitimately possess myself of the beautiful armorial designs on many of the windows. The statuary, some of it copied from the

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masterpieces of the world, is best where it is—an English atmosphere would perhaps have injured some of it, and if the atmosphere had spared it, some other influences might have waged war against it. The poultry and pigeons may be safely left to Henri the concierge and to his wife, whose industrious energy was phenomenal. The isolation annex was comfortable, but as it was used only as a place for phthisical patients the resort thereto was looked upon as somewhat ominous. The summer-house served many purposes. There, out of earshot, I interrogated the French soldiers with the aid of Moenne, whose French was more easily understood than the varied patois of the others. He knew no English. Moenne was a native of le Roche in the Haute Savoie; he was crippled for life by the bursting of a shell, but his face was as cheery as his French was intelligible. The summer-house also served for afternoon tea, especially on Sundays, when friends dropped in from other hospitals and elsewhere. We made a spread there when, for the best part of a week, we were " at home " to such Parisian doctors as accepted our invitation to see the hospital and judge of its usefulness. One of them, on the spot, wrote an appreciative letter to Admiral Touchard, which was most kindly acknowledged by that veteran officer, who on one occasion pleasantly referred to my name, which, he said, reminded him of a whilom gallant foe of the French.

I must mention the matron, the wife of Captain St. John, whose long experience in India and other military spheres rendered her peculiarly useful where kindly discipline had to be coupled with economical efficiency. The sisters were able and obliging, and the voluntary workers were as careful in detail as they were fluent in speech, in which latter regard they made up for some of us who had not been reared in a French atmosphere, and who consequently did not assume Parisian airs.

Nothing now stands between me and the recital of a few details as regards the patients but a reference to the ability and charm of Dr. and Madame Arnulphy, the ever-ready helpfulness of Messrs. Valroger and

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Basquin in the interests of the institution and its military inmates, and the constant courtesy of Mr. Bamforth, whose motor-car was equally at the service of the commissariat department, the soldiers, the nursing staff, and the medical officers, whether duty called the latter to the offices of the Red Cross Society or the sylvan shades of St. Cloud. I am forgetting Madame Veillat, the efficient and always obliging lady clerk, and the able staff of domestics—and no one will deny the importance of those who thought out the menu for the day, or those who carefully attended to its details. The absence in England of our next neighbour the Duchess of Vendôme, sister of the Belgian King, rendered our glances into her choice domain somewhat less furtive than they would otherwise have been, while the same reason accounted for sundry transplantings of choice begonias in full bloom, which greatly enriched our already showy flower-beds. The *entente cordiale* between the two gardeners was a thing of beauty and a joy—during our stay at any rate. But it was not to see begonias nor to sip tea that a very full staff of English nurses and doctors, the latter varying in number from one to four, assembled and sojourned at the Villa Borghese. During the first six months about one hundred French soldiers entered the hospital, and thus ample opportunities were afforded the medical staff for observing the sequelæ of typhoid fever, the dire results following attacks of pleurisy and pneumonia, and the profound forms of dyspepsia which followed the hardships of the trenches, including the subsistence on bully beef and jam without much else. Of these one hundred patients a large proportion were found to be suffering from some form of lung disease. Later views seem almost to take it for granted that a case of pleurisy means tuberculosis. During the earlier months of our administration, experts—at heavy cost—were asked to report in all cases as to the presence of Koch's bacillus, and further as to sugar, albumin, and other morbid products, but the rarity of a positive result indicating the tubercle bacillus was remarkable. During the writer's stay of thirteen weeks only one

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case was reported on admission; and this was the only instance after diligent search in which we ourselves found the bacillus in question. It may be suggested that our skill was not equal to our zeal; we reply that other and more practised observers came to the same conclusion. An academic discussion might afford much debatable pabulum as to whether a consumptive who has ceased to expectorate discoverable bacilli can infect his neighbours. I was told long ago at Davos, and I related the fact there, that in the large establishment presided over by Dr. Neumann no worker or ordinary resident had contracted the disease. This question became a little more important when one of the housemaids, a young woman of about twenty-three, had an attack of hæmoptysis. It was soon checked by means of *Millefolium* 1x, but although nothing could be discovered in any other area, minute crepitation was audible in the left supraclavicular region. Dr. Arnulphy was good enough to see her. He ordered a sea-water plasma and the hypodermic injection of a weak arsenical preparation. The last I heard of her was that she was ordered away to the country, taking with her as a remedy some *Calcarea carbonica* 200, to be administered in infrequent doses. The one fatal case which occurred during my residence at Neuilly was one of advanced phthisis. He had no hæmoptysis; but profuse sweats, emaciation, a distressing cough, somewhat relieved by small doses of *Heroin* at night, which for the first time in my life I ordered to be given, were more than he could rally from, and an added diarrhœa soon carried him off. Several of us attended the funeral of the soldier Alrig, and listened to the most impassioned farewell oration of the Deputy Mayor of Neuilly, whose reference to the fact that he had died for his country as surely as if he had fallen on the field of battle, we who listened are not likely to forget. We do not ask anyone's forgiveness for having, as chief mourners, sprinkled the casket with holy water. Since I left another patient, Frutel, has succumbed to profuse recurring hæmoptysis, which neither *Millefolium*, *Ferrum aceticum*, *Ergotine*, *Ipecacuanha*, nor its derivative *Emetine*,

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controlled. His was the advanced case in which the bacillus was found, and we all agreed that the blood was from a good-sized cavity in the apex affected. Other cases of hæmoptysis occurred; one will be referred to as happening to an elderly soldier Fortas, whose history and sufferings will be dwelt on later. It may be remarked that there were several cases of pleurisy; in some effusion was discovered, in others dullness, friction sounds, and some evidences of adhesion. All these patients had been cupped or treated with the hot needle or button. In this connection a somewhat amusing incident may be related. We were treating a patient suffering from abscess in the neck of tubercular origin, but he also had pains in the tibial region, specially bad at night, which we found very difficult to mitigate, *Iodine*, *Mezereum*, and *Kali hydriodicum* having failed. One of our senior homœopathic colleagues was being shown round the hospital and manifested a kindly interest in the case. He asked for knitting needles and corks, the latter to enable him to hold the needles while he heated them. This was done, and the heated points—*point de fer*—rapidly brought into contact with the skin, leaving numerous little charred spots. This process was recommended to be repeated. The patient's wish to have the *point deferred* was not devoid of humour. My colleagues hardly approved of the method, so it was left to the patient to decide.

I have dwelt too long on the subject of tuberculosis, tubercular pleurisy, tubercular adenitis, etc., but prolonged stay in the trenches, with all that that means, seemed to us to be peculiarly likely to be followed by such manifestations, regard being had to the predisposition which we conceived to be pronounced among the agricultural class and others with whom our duties brought us into contact. It did not occur to us that the somewhat over-wooded district of Neuilly was quite the best locality for treating this disease. Very full notes are extant giving details of these cases, many of which were much benefitted by the treatment adopted. It is not the object of this paper to anticipate the presentation of these details, but rather to show

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in a cursory way what took some of us to Neuilly and what we did when we got there.

One of the bravest of the soldiers we had the honour to minister to was one Fortas, a man of fifty, whose arm was amputated as a result of a severe shrapnel wound received on the Marne battlefield. The stump did not heal kindly, he told us, prolonged suppuration supervening. He suffered much from palpitation of the heart, relieved by minute doses of *Digitalin*. He had softening at one pulmonary apex —the left, I think—and he also had recurring hæmoptysis, for the most part relieved by *Millefolium*, but occasionally the tickling cough, with some hæmorrhage, called for *Ferrum aceticum*, which was given with advantage. The neuritis was relieved by *Hypericum* in doses ranging from 1x to 30, but latterly subcutaneous injections of Dr. Arnulphy's arsenical solution were of much benefit. Our American friends from the Ambulance suggested weak alcohol injections for the condition; many surgeons urged the sufferer to undergo further surgical treatment for the trouble in question. His story, relating how he was left in the rear of the advancing Germans at the Battle of the Marne, and not discovered by his comrades for two days—that is, until they had retraced their steps—was full of interest. His much-prized medal for valour on the field and his martial ardour, which nothing could efface, formed striking accompaniments to the almost incessant pain, persistent cough, debilitating night sweats, and other infirmities patiently endured by this brave man. He envied the opportunities of his equally ardent son, himself a soldier at the front. Moenne and Fidali, the one from le Roche, the other a Zouave from Algiers, had undergone operations for bruised and divided nerves, but neural work did not always yield adequate results. It was not with his wounded extremity that Fidali grasped the hands of those who lined his pocket with five-franc notes, even stitching them in lest someone should rob him as he started on his homeward way. Alas, he was very poor, and Mohammedan as he was, said he could not afford even one wife!

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We saw some nerve suturing at the American Ambulance. In one case the nerve was split and a portion brought down and thus joined to the distal end. The operation succeeded, and the ingenious expedient was more or less justified. This plan may be contrasted with the instance given by Rose and Carless in their "Surgery," where, the two ends not being capable of being brought together, the humerus was shortened by excising a portion to enable the necessary suturing to be carried out. One of the best cases shown at the Ambulance was one in which a portion of a patient's fibula was used to fill up a hiatus in his lower maxilla. I have not seen a nerve-graft similarly availed of.

Typhoid fever was very rife at the front, and many convalescents reached Neuilly, but only one acute case is recorded as having been got early, and as Dr. Cash Reed was there at the time and had a hand in the treatment, to him must be left such details as he thinks fit. When the notes are dealt with, the question of the efficacy of inoculation will be gone into. The French Government was very insistent upon this point, and may be looked to with confidence for an authoritative pronouncement. But if typhoid in its early stages was rarely met with by us, its sequelæ were abundant, and not a few cases of phlebitis fell to be treated with *Hamamelis* and other drugs, followed by a massage under the gentle influence of Mlle. Neergard, a lady expert who kindly attended for the purpose.

Sciatica was a frequent sequel to trench warfare, and its painful manifestations did not yield too readily to *Rhus*, *Gnaphalium*, *Arsenic*, and other well-known remedies. The later notes will refer to a case of peripheral neuritis; where Dr. Alexander divided the tendo Achillis as I heard afterwards. The details, and probably more correct definition, will be forthcoming in due course. In one case gout played a conspicuous part in the person of a soldier of superior position. In some of its manifestations, notably swelling with erythema, *Apis* was very useful. Appendicitis was not an uncommon after-effect of trench warfare. One of our soldiers came to us after operation.

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He had sciatica as well, but his chief trouble was pain in the appendix region, frequently calling for *Belladonna* or *Mercurius corrosivus*. Soon after admission he had congestion of the right lung with some hæmoptysis, which quickly yielded to *Phosphorus*. Of cases of specific disease we had but one we could be sure of. Adequate doses of *Potassium iodide* assisted alike the patient and his medical attendants. The ill-effects of cannonading upon the aural apparatus was well seen in the case of a robust-looking soldier, a native of Corsica. His right membranum tympani was ruptured and his left drawn in. At first he heard at ten inches on the right side, but he gradually got worse in spite of the help of a homœopathic specialist in Paris, to whose hospital I took him. I found there the accomplished daughter of the late Dr. Jousset, acting as nurse in the service of her husband, Dr. Chatellier. To return to the patient. He, too, was the subject of blood-spitting and night cough. Minute crepitations were audible at the left apex, and this portion of the lung was dull. No bacilli could be found, and before the dullness and crepitation were discovered, a suggestion of malingering was made. After I left, Dr. Day was fortunate enough to confirm the diagnosis by means of a positive skin reaction. I may not be a good judge, but I never saw but one malingerer in my life. She carried on the deception near here, and kept me on tenterhooks. The alleged hæmorrhage was from the ear, but the drum was not perforated (Charles Lee). Hæmorrhage was abundant, but whence it came no one ever knew but herself. The patient was of a somewhat weak type intellectually, but she had sense enough to befool me. You will be amused when you hear that she completed the farce by not paying my fees! Our soldier was not a malingerer, but as was the case with so many, the luxury of a cigarette had degenerated into a vice.

It has been remarked that the ingestion of bully beef and jam soon upsets the stomach. Cases of this kind were perhaps even hardly so numerous as they were intractable. Vomiting, pain, regurgitation, were the chief symptoms, and *Antimonium crudum*, *Arsenicum*,

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Lycopodium, *Nux vomica*, and other remedies were much in demand. My old friend, Dr. Cartier, saw one of these cases. The vomiting soon after the food led him among other reasons, to think of *Phosphorus*, which helped. Here *Ipecacuanha* was, however, also useful as there was constant nausea. I show the photograph, not to exhibit myself but the patient, who came from the Basque provinces, near the Haute Pyrenees. He was a good specimen of Boyd Dawkins's small dark people met with in Cornwall, the provinces alluded to, and South Wales.

I must ask you only to look at the face of my companion. On the morning that he was going to be photographed, he borrowed a coat which happened to be in mourning, and neglected otherwise materially to attire himself. If I may say so, this little man was the favourite of our motley, not to say Falstaffian, troop.* We dismiss the dyspeptics—alas! we did not always dismiss the dyspepsias.

I return to Dr. Cartier, to remark upon his admirable writings. He is a much read man in a double sense. He quotes Clarke, Day, Macnish, and our President, Dr. Procter. If we had any young members, I would urge them, too, to seek immortality.

On visiting Dr. Hoyle's Hospital at Melun we found that he had just received a number of these cases in addition to the wounded. He was unfortunately away. We heard from Sister Paul and other sources how much Dr. Hoyle valued *Calendula* in cases of lacerated and other wounds. He was giving his dyspeptics peptonised milk—the medicinal treatment was not mentioned to us. We envied him his proximity to the fighting line, whence he fetched the patients he could deal with. An able chloroformist from Melun was at hand in case of need, and our friend must be heartily congratulated on the unostentatious way he has demonstrated the advantages of homœopathic medication without saying too much about the sources of his medicinal inspiration.

I have omitted to mention a case of lateral sclerosis,

* This photograph was exhibited, among others, at the meeting of the Liverpool Branch.

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which we have conceived to be due to the hardships endured. Here *Lathyrus* was of advantage, and the drug was perseveringly continued. Neither have I mentioned a case of chronic inflammation of the transverse colon. The tenderness was very well marked, but in the early stage it was not confined to the portion named, but affected the region of the caput and sometimes even the sigmoid. There were never seen by us the mucous casts and shreds associated with this disorder, but the nervous elements incident thereto were not wanting. *Dioscorea*, *Mercurius corrosivus*, and sometimes *Belladonna* were of service herein. Reference has been made to nervous symptoms. Not a few of these men, whose bravery no one would think of questioning, seemed much dispirited, and, suffering as they did, manifested but little desire to rejoin their comrades at the front, and only a few of them would have been of any service had they done so. The devastations of war are not all summed up when injuries and objective phenomena have been enumerated. One of these men was subject to a kind of abdominal neurosis, calling for *Colocynth*, not without beneficial effect. Two of our friends, rejoicing in the name of Charpentier, also afforded us much clinical experience. In the one the after-effects of tetanus were much helped by *Secale* 1, and in the other the well-marked nodules of tubercular peritonitis were much in evidence. Nowhere is this condition better described than in Bain's " Practice of Medicine " under one of the headings. I am reluctant to mention this, as the book is hard to get, I have only seen the copy lent me by Dr. Leigh Cox, the Neuilly house surgeon. Before the patient came to us he was treated with mercurial inunctions, but we thought a long course of *Iodine* 3x or so, taken internally, benefited him. He had no fever, took his food well, and enjoyed life, and never more than when Miss Calvert—not the excellent voluntary nurse of that name, but her sister —took him with her and the cook to the early morning market, to collect from the peasantry, who had been watching their produce the night through, such appetizing vegetables as artichokes and spinach,

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turnips and celery, to say nothing of such fruits as tomatoes, pears and greengage plums. Our American friends urged us not to substitute for this happy state of matters a series of fistulous openings and other effects of—in this case—an unwarrantable surgical procedure. With a word as to a case of relapsing albuminuria, where our remedies were effectual but the circumstances of the soldier untoward, I must ask your attention to hospitals other than our own.

You may, however, wonder what we did with a portion of our Sundays. One afternoon we visited Hahnemann's tomb, not forgetting to glance also at David's resting-place. This famous artist was, as you know, the author of Hahnemann's bust. Their graves are not far apart in the Père Lachaise, where rest also the remains of Bellini and Chopin, Thiers and Perier. The remains of Admiral Sir Sidney Smith are at this cemetery. We saw the granite outlining the Bastille precincts, the Jardin des Plantes, and wound up at that gem of Paris, the Saint Chapelle. It, like the Louvre, the Palais du Luxembourg, and even the little Baptist Conventicle, was closed during the War. On another occasion we visited the tomb of Josephine and saw the outside of her palace at Malmaison, for it was also closed, and on the way home we went to the cemetery where we had buried the soldier Alrig, Here we deposited a few flowers on the tombs of our fellow-countrymen, a dozen or so of whom were buried at Neuilly. We could not but think, as we read their names, of those who might never be privilleged to see the graves of their heroic dead. I was asked to lecture to the nurses on Hahnemann and his method on a series of evenings after the visit referred to. This is not a guide-book, nor is it the place to refer to a visit to St. Denis, or the emotion engendered on finding oneself under the same roof as the remains of Marie Antoinette, of her husband Louis XVI., and the ashes of Henry of Navarre and his first wife, Marguerite de Valois, which also rest here. Similarly, our visit to Senlis, our lunch with the rollicking soldiery—reminding one of recorded hostel scenes of long ago, when cavaliers drank something stronger than vin ordinaire;

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the ruined streets, the result of German cannonading; the chateaux of Henry IV., dating from, and exhibiting signs of, the Roman period, may be mentioned, but only to be dismissed. The Marne, with its trenches new and old; its graves, now multiple, now single, with their crosses black or white, indicating a German or Frenchman's final resting-place, must be left like Henry of Navarre, to a more fitting time. So must Fontainebleau's palace, now a military hospital, stripped in thirty-six hours of its treasures in view of the approach of the Germans, if any time is to be given to other hospitals to which I had access.

My duties did not end with the Auxiliary Hospital 307. I was asked to see as many of our French confrères as I could. Among hospitals, I visited the Maison Marguerite, whose medical officer, so well known as a specialist in children's diseases, is Dr. Marc Jousset, whose sister I have already referred to as a help to her husband, the ear specialist at his hospital in Paris. I visited the British Hospital, Professor Hartmann's Hospital, in our own boulevard, also the Hôpital St. Jacques, evacuated as far as civilians were concerned in favour of the soldiers, as was the Hahnemann Hospital at Neuilly, which I also visited. I was welcomed at the Laennec Hospital, where I saw Professor Hartmann operate. He, by the way—the professor of clinical surgery at the University—was our consulting surgeon at Neuilly, through the owner of the hospital, Dr. Cautru, who lent his influence to that end. He was the anæsthetist at another important hospital, the name of which I forget, but to which we had access. Professor Pozzil the gynæcologist, welcomed us at his hospital, the Borca, and we saw him operate on a necrosed humerus in a large Jesuit establishment converted into a military hospital. So the story might be continued, and just as every show-place was closed until after the War, so almost every available space was open to those wounded and sick who had been to the Front and returned in need of medical or surgical help.

The great Japanese Hospital, so wonderfully

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equipped, in the Champs-Elysées, was one of these. Here I saw the electro-vibrator of Professor Bergonié, of Bordeaux, to be afterwards referred to. I paid my respects to the seniors, Dr. Claude and Dr. Tessier, also Dr. Cartier and others. I must now tell you of a few cases I saw at the other hospitals. At the American Ambulance, besides meeting the distinguished contingents from Harvard and Philadelphia, I was introduced to Professor White, whose surgical skill and ability to express his feelings are about on a par.

First as to anæsthetics. Professor Hartmann favoured *Chloroform*, and at his own hospital the same colleague always seemed to administer it. At the Laennec his lady students gave *Chloroform* by the open method, administering it by turns. At the American Ambulance it was a common thing to see the lady anæthetist give *Ethyl chloride* on an open mask for short expedients, such as breaking down adhesions, &c. She also began with a few whiffs of *Ethyl chloride* before continuing the use of *Ether*. *Nitrous oxide* with *Oxygen* was commonly given where the operation was expected to be short ; the speedy return to consciousness under these conditions was phenomenal. For prolonged operations *Ether* was the favourite. The ordinary methods need not be referred to, but for the cases needing a long administration the intra-tracheal method with rotary blower and electric motor for generating air-current was used. I have done my best to get a sketch of this apparatus, but without success. I am not mechanic enough to say how this apparatus differs from Dr. R. E. Kelly's, a sketch of which I show. All I know is, that the patient quietly breathes away, and the administrator is not afraid to take an occasional look at the operator's manipulations, even if he has to leave the patient's head to do so. The warmed etherised air may be thus inhaled for two or three hours without any manifest disadvantage.

Comminuted Fractures.—I saw the case of a femur shattered somewhere near the middle ; there was no external wound, but it was held that the fragments

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were as dangerous as foreign bodies. They were cut down upon, each fragment removed, and the case treated as a compound fracture.

Compound comminuted fracture was treated on the same principle; each fragment was removed, often the wound was washed out with oxygenated water before putting the limb up in a splint. Then came the system of drainage. Often a piece of gutta-percha tissue was rolled up and inserted. Sometimes several were used in extensive wounds. If gutta-percha tissue was rolled round a wisp of lint, the term "cigarette" was applied—of course originally as a little joke. Here also was scope for the washing out of wounds by means of tubes, and some of the most elaborate arrangements employed were in this connection. Salt water, *Peroxide of hydrogen*, *Boric acid*, and other substances were thus employed. In the early Listerian days in one Glasgow Royal Infirmary set of wards, the amputation stumps had *Permanganate of potash* solution dripping on them. Hard by, the Listerian system of antiseptics was the vogue. In many respects we are still in the aseptic stage of surgical evolution. In war surgery, where every wound not made by a surgical procedure is septic, we have harked back to the antiseptic era. I have referred to nerve lesions, to nerve suturing, to the doubtful results of some of such work, and to the intractability of sciatica after trench-dwelling.

In one case I saw, the X-ray made the shrapnel fragments appear nearer the spinal cord than it really was, and the first effort did not dislodge it. A subsequent effort was more successful in locating and removing the said fragment.

Fortunately adbominal wounds were not very numerous, but I saw one case where much pus and fæcal matter mixed were welling up from a wound near the umbilicus. Much attention was paid to the sufferer, but no great desire was manifested with regard to operation, and nothing more was done while I watched the case.

Mr. Souttar, in the October number of the *Practitioner*, refers to these cases, and his remarks are much

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more worth reading than any opinion of mine would be.

At the Laennec Hospital we saw a patient who was suffering from hour-glass contraction of the stomach, due to an abdominal wound. No amount of palliative treatment, following on the X-ray diagnosis, was of any advantage to the patient, so Professor Hartmann made an exploratory incision, and thereafter did a gastro-enterostomy, the only expedient commending itself to his judgment. I have already referred to the comparative frequency of cases of appendicitis. In another hospital we saw two cases operated on by Professor Hartmann. He was very quick, but in other respects the somewhat heavy gloves and the thick catgut were noteworthy. He employed the Kocher method of dealing with the appendix itself.

A word as to the conservatism which prevailed in regard to surgical matters. Wonderful patience was exhibited in dealing with bad compound fractures, with a view to saving the limb, and large gaps were watched closely, and many expedients adopted in order to hasten the filling up of such gaps. Amputation was rarely practised, and the disappointment of the staff of one great hospital on hearing that a limb they had saved had been amputated "somewhere in England" may be imagined. In Paris ununited fracture was not very often seen. I am old enough to remember a case of this kind treated by amputation in a very important infirmary. The humerus was the bone affected, and the story was that eczema had so attacked the forearm as to render proper proper treatment impossible. The humerus was sawn through about the middle. Now, of course, the treatment by means of plates and screws is that adopted, and for the most part good resnlts were obtained. In one case I saw, in which the femur was involved, the screws had not held. There was very much displacement, but the fragments were readjusted, and by means of a chisel a form of interlocking was adopted which was quite successful; the plate was not used a second time. We are not concerned just

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now with the after-treatment of a compound fracture where the plate method is adopted.

Of gunshot wounds of the brain I saw but few; drainage was adopted in one case, and this was, up to the time I left, all that was done, the position of the bullet not having been sufficiently established. Moreover, the condition of the patient was not encouraging. One very successful case was seen where, following an injury I cannot quite recall, profound symptoms of coma supervened; here the withdrawal of some cerebro-spinal fluid, followed, I believe by serum injection, was immediately if somewhat unexpectedly successful. A great display of the merits of plaster of Paris was made by our American friends, and under the guidance of an expert, whose skill was phenomenal, compound fractures were dealt with, adequate windows enabling them to be dressed as often as required.

It must not be supposed that all employed them with equal energy, but I shall not soon forget how positions of very conceivable kind were maintained by means of this valuable medium. But it is only fair to add that Thomas's splint in the hands of many was pitted against the plaster apparatus, and that its advocates argued that it was more cleanly. It was gratifying to find our talented local surgeon's memory so well kept green. I wonder what other city would have reared in its midst so great a genius without perpetuating in some public way its appreciation of all he did, and not for the poor only.

The electric vibrator I mentioned above, I only saw at the American Ambulance and the Japanese Hospital.

It is well known that the X-ray skiagrams are not always easily interpreted. This was well seen in a case at our own hospital, where a fracture of the radius, under the care of our valued American colleague, Dr. Cogswell, showed rather more displacement than a subsequent X-ray confirmed. His skill was, however, rewarded, the arm having done well. When Professor Bergonié's electric vibrator is momentarily brought near the suspected surface, if metal (not nickel or lead) be present a vibration can be easily felt. It is just

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as if small peas, as when parched in a pan, were jumping towards the fingers, a sensation which, once experienced, cannot be forgotten.

I bring my too-prolonged paper to a close by referring to gas gangrene. The case best illustrating its activities was seen at the American Ambulance. The patient had undergone double amputationin the neighbourhood of each knee. He was a remarkably strong man, and had borne the operation and the subsequent removal to Paris well.

The big flaps of one of the amputated limbs were bubbling with gas, and the unhealthy appearance was conclusive. Here the value of ample drainage, the use of salt and water and of *Hydrogen peroxide* were abundantly set forth. The last time I saw the case, through the unbounded courtesy of the American surgeons, the patient was doing well.

In Sir Almroth Wright's little book,* "Wound Infections," on page two, we read: "Among many species of intestinal microbes which have been found in wounds, two have a quite special importance. One is the *Gas-phlegmon bacillus* or *Bacillus aerogenes capsulatus* of Welch, a large gram-staining, anærobic and actively gas-forming microbe." "It is found both in infiltrated superficial wounds and in deep wounds, and is particularly abundant in the pasty and offensive fæcal-looking discharges which anærobic wounds furnish."

I saw one case in which transfusion was carried out. Beside a soldier whose pale face told of the hæmorrhages he had suffered lay another soldier, whose stalwart frame was as able as the man's humane instincts were willing for ten ounces of blood to be withdrawn from his arm. This was transferred to the circulation of the first mentioned with deft skill, to the obvious advantage of the sufferer. The necessary operation was thereafter undertaken, but more blood was lost, and despite the skill of the surgeons and the self-sacrifice of the neighbour, another brave victim was added to the toll of this all too sanguinary struggle.

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SCIENCE AND SUBJECTIVE SYMPTOMS.

By C. E. Wheeler, M.D.

A RECENT debate, at the British Homœopathic Society raised again an old question, the value of the subjective symptoms in our provings, and there was shown by some physicians a tendency to reject as " unscientific " all symptoms that cannot be clearly referred to a definite morbid anatomical condition. This is the pure milk of Dr. Hughes' doctrine, but it takes nothing from the debt which Homœopathy owes to his memory, to contend that this view of drug provings must result in a serious loss to the homœopathic prescriber. Before however, dealing with the main question, it will be well to clear the ground by speaking of one or two subsidiary matters which are liable to be trailed, like red herrings, across the path of a discussion of this subject. Between the two extremes of thought, one attaching very great importance to subjective symptoms (however obscure the explanation of them) and the other attaching little or none, there are many shades of opinion; all the shades however, can agree probably on certain points.

First, it can surely be agreed that there is here no question of high potencies or low. It is true that the school (for convenience let me call it the Hahnemannian) that values subjective symptoms inclines to high potencies and the other school (let me call it the Hughesian) inclines to low or medium potencies, but their respective predilections in this regard have no immediate bearing on the point at issue, which is solely the value of subjective symptoms. The practice is related certainly in each case to general conceptions, but if it could be granted that subjective symptoms had a value, high and low alike could make use of them.

Next, all schools of thought are agreed as to the need of reprovings and the inestimable value of any discoveries by modern instruments of precision in diagnosis, that explain symptoms previously left vague. One of the most cheering signs of our time is the energy and enterprise now being expended

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in America upon this work, and we should in Europe endeavour to do our share. The discoveries will be largely objective but no homœopathist disregards objective symptoms. *There*, we are all agreed, and in so far as reprovings increase our knowledge, all of us will profit. Those who value subjective symptoms may gain more knowledge also of them, for we devoutly hope that any such symptoms will be at least recorded, but in any case it would be grossly unfair to accuse the Hahnemannians either of neglecting objective symptoms, or of lacking interest in any attempt to increase their number.

Next note that it was well said in the course of the discussion from which springs this essay, that the last thing the physician thinks of when confronted with a case of disease, is the drug to be given. The saying is profoundly true, and worthy of Hahnemann himself. Until every conceivable adverse influence that may affect the patient's condition (and thereby necessarily his reaction to any remedy) has been considered and as far as possible removed, no prescription has a fair chance of success. Consequently all are agreed that questions of nursing, diet, exercise (active or passive), air and water, heat and cold, have first to be solved for the patient.* When these are done many orthodox physicians consider that all is done. We can freely grant that in many cases enough has been done and that recovery will often ensue. But all who consider Homœopathy worth fighting for at all, are surely agreed that rightly chosen remedies will make recovery more rapid, more certain, more complete in almost every case, and in some cases will be absolutely essential for healing. Therefore though we rightly come to the drug *last*, as Homœopathists we must come to it, and since we believe that for every case, there is a " best " remedy—we do well to consider all methods of choosing it. The Hughesian asserts perhaps that the Hahnemannians think of *nothing* but the drug,

* Also it is surely needless to say that whenever the cause of illness is clear it must be attacked not only by therapeutics but by any other means suited to its removal or lessened activity. The whole discussion of symptoms and their value is in relation to one element of the physician's duty and implies no neglect of the others.

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and the Hahnemannian retorts that the Hughesian never *thinks* of it at all. Both assertions are wrong and even malicious. Temperaments differ and qualities of skill vary, and it is human and inevitable to develop natural aptitudes now in this direction now in that, but the only thing that can be said with certainty about mutual recriminations is that they are always useless and generally false. No scientific man should give way to them, and thereby with the adjective " scientific," I came to the final red herring, which I wish to clear from the trail.

The words " science " and " scientific " are frequently in the mouths of doctors, but they are very apt to be used loosely, without precision. Science is exact knowledge, and to be scientific is to seek for fact and not for opinion, to observe and experiment, rather than to conjecture, to be slow and tentative in conclusion and swift only to reconsider and test again. This is the ideal, and of the ideal we should never lose sight. But in medicine we have as yet very little exact knowledge, and our observations and experiments are all made amid a welter of contending factors which render clear conclusions exceedingly difficult to reach. Yet we have to act or withhold from acting, and in the emergencies of disease can only make the best use of such light as is available. The full light of complete knowledge may be for our successors, but we struggle in the twilight of ignorance and the fog of error. Consequently our " science " must be shown in our method of work. Medicine has reached few conclusions as yet which can be regarded as other than approximations to truth ; we are scientific or the reverse, according to the ways in which we set our minds to work. Now much of the clinical work of our ancestors was in the highest degree unscientific. There was plenty of good observation, but the domination of absurd theories of life and disease vitiated nearly all clinical experiments, and the absence of any knowledge of natural reactions to disease rendered vain nearly all conclusions as to the value of treatment. The growth of a scientific spirit sent Virchow and his school to morbid anatomy

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as a series of facts that could be readily verified, and the long line of pathologists and bacteriologists follow the trail which he marked out. In contrast to many physicians of a century ago they are frequently more scientific, but their claim to glory must depend on their *method* and not on the subject of their study. The pathologist and bacteriologist limit the range of their observations and consequently limit the number of confusing factors which impede sound conclusions, but it is possible (as is readily seen) to be an "unscientific" pathologist or bacteriologist, and the nature of his study will not make a scientific man out of a muddle-headed hasty reasoner, or a slovenly observer. The clinical observer undertakes a far more complex task. The pitfalls for the unscientific are here more numerous and deadly; but it is just as possible for the true man of science (as Hahnemann was) to keep his feet in this sphere as in the other, only he needs even more constant watchfulness, even quicker wit and finer judgment. There is no magic in culture tubes and sphygmographs, in gymnasia and light baths, any more than there is in high potencies to keep their votaries "scientific." We ask alone, how do men use this raw material, how do their minds work? and by the answers we adjudge them scientific or unscientific. Let me therefore clear the ground of any conception that to consider subjective symptoms at all is *in itself* a less scientific procedure than to look down a microscope. It is a more difficult matter to handle, but the science or the want of it will lie in the handling. With this preface, I can proceed to consider the value of subjective symptoms as a basis for a prescription.

First we shall have to admit that a large part of the physician's daily duty consists in dealing with subjective symptoms, at any rate with the one great subjective symptom of pain. When we can account for its existence by obvious pressure or inflammation we still have often to deal with it by other than mechanical means, and in his management of this symptom, the skill and acumen of the physician can appear (or not) to great advantage. Now to blot

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out pain for a longer or shorter time by *Aspirin* or *Morphia* is a method that long experience has shown to be the least desirable of all methods (though no doubt occasionally the necessary one), and homœopathists are agreed that the Materia Medica enables them to dispense with these dangerous drugs frequently, and find not only curative remedies with skill and good fortune, but also palliative remedies when cure is impossible. I shall never forget a certain case of inoperable carcinoma whose atrocious pains were better controlled by *Dulcamara* than by *Morphia*, and similar experiences could be recorded by most followers of Hahnemann. But if we are agreed that a similar remedy is worth trial for emergencies of pain how are we to test similarity if not by the process which confessedly yields such good results in objective symptoms, and compare the patient's subjective pain symptoms (character, time and mode of onset and departure, location, relation to external influences, &c.), with subjective pain symptoms recorded in the Materia Medica. This in practice we all do, and are rewarded (in my belief at least) exactly in proportion to the care and judgment of our search. But these pain symptoms of the Materia Medica are subjective and open to all the criticisms that are showered on symptoms of that category; yet we find not only that we need them, but that we cannot dispense with them. The strict Hughesian would say:—"No drug will avail in pneumonia that has not produced a similar gross morbid condition," but even he would in any one case, have to choose among at least three or four drugs. The moment he begins to discriminate he will find himself considering subjective symptoms. To say "Prescribe on *objectives* and *subjectives* will take care of themselves" is to overlook the innumerable cases wherein objectives are at least doubtful, at worst highly problematical. No physician worthy the name neglects them, but when all is done that can be done we know that post-mortem records reveal a percentage of diagnostic errors that is humiliating, and to confine ourselves to objective symptoms is to neglect possible guides to success. In practice,

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the strictest Hughesian notes and uses subjective symptoms; wherefore to note and use them must be regarded as a universal practice, and the question is no longer should they be used, but how much should they be used? Clearly that depends entirely on their trustworthiness as recorded, and our "science" will have to display itself in our dealing with the records. Before attacking the main problem, let me deal with a subsidiary aspect of it. Rightly or wrongly (let me leave the question open for the moment), Hahnemann laid great stress on "strange, rare, and peculiar symptoms." Wherefore his followers and himself have been eager to record such symptoms and the Materia Medica abounds in them. They are almost without exception subjective, and actually the battle over "subjectives" is waged over this class of subjectives almost entirely. As well as being subjective they are frequently "clinical" and thereby doubly damned to the Hughesian. Of the relation of clinical to proved symptoms I shall speak presently, for the moment let me take the class as it stands. A good example is the famous *Lycopodium* symptom, "one foot cold and one foot hot." To minds trained in medical orthodoxy and to minds susceptible to the prejudices of the orthodox there would be a sense of relief if all these symptoms were blotted from the Materia Medica. But it must be quite firmly stated that having found that we cannot bar out subjective symptoms as a class. any rough and ready rules for dealing with these or those according to prejudice must be abandoned. It is not scientific to decide that this or that is *a priori* unreasonable and leave the matter there. Full investigation is demanded of the "scientific," and must be given before judgment is pronounced. We find ourselves compelled to consider subjective symptoms of pain in the Materia Medica (and we may add, symptoms of giddiness and nausea, &c., &c.). We cannot therefore at once dismiss the curious and unusual sensations merely because they are curious and unusual. It is nearly always very difficult to explain them, to give them a pathology, but to reject them on that account would

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be to put a crown on our ignorance. To decide that because they are unusual they are therefore imaginary, is to overlook the fact that they do occur (with some frequency) in the course of disease. Are they imaginary there too? Then how doubly curious that the imagination of disease should (out of endless possibilities) select unwittingly a similar imaginary symptom to the one that came to the prover. Does it not seem more likely that behind the "queer" symptom in both prover and patient lurks a similar pathology, and is it not more "scientific" to make further enquiry? Surely there can be but one answer to this question. Therefore we must make no *a priori* selections among subjective symptoms, but apply the method of science to them all as they stand. Without a doubt there are a certain number of recorded symptoms that are not due to the drugs so much as to the imagination of the provers. Our business is to eliminate these. In the first place, the elimination should be done by the prover or collector of provers' records. This task is one that has always been at least attempted. It is a ridiculous belief, which will not stand the light of the smallest investigation, that because Hahnemann and the early Materia Medica workers were not provided with thermometers and stethoscopes they therefore were not aware of the obvious pitfalls of drug proving. Hahnemann speaks of them constantly, and there remain descriptions of his handling of the records of his provers (by one of the number) that show well enough that his procedure was as scientific in this matter as in all others. For true provings there is always one great safeguard in multiplying provers, for symptoms become more and more likely to be genuine, in proportion as they appear in more than one experimenter. But for those for which this safeguard is not available we can only say that such symptoms must be made the subject of minute cross examination and the final judgment of the recorder will arise from a number of factors to which he must assign weight according to his knowledge and capacity. In passing it may be said that equally

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great care is needed with regard to objective symptoms, for it is always possible for provers to be attacked by maladies during a proving and attribute objective symptoms to the wrong cause. The resultant material, after careful sifting, should, in my judgment, be arranged for each drug under separate headings. A, Symptoms almost certainly genuine; B, Symptoms probably genuine; C, Symptoms probably delusive; and (for all old provings), D, Symptoms almost certainly delusive. So classified the pathogeneses should be dealt with in the way to be described presently, and the lists revised every ten years at least by a central authority.

Turn now for a moment to clinical symptoms. Here there are multiplied sources of error, because besides the patients' imagination there are the never sufficiently known possibilities of disease. Nevertheless there is no doubt that the acute physcian can form very shrewd suspicions often as to drug effects. Especially does he get valuable hints when marked symptoms that have not yet appeared in a particular drug pathogenesis disappear under the use of that drug *provided only* (and this is of *vital* importance) that the drug was otherwise well indicated and proved its suitabiltiy by markedly ameliorating the case. Even at their strongest, I doubt if clinical symptoms should ever *at once* be assigned to Class A, but on Classes B and C they have good claims, and their ultimate position can be adjusted (scientifically) in the way to be described. For the old provings I have no doubt that a certain number of clinical symptoms are worthy of Class A, and should be put there.

When then all has been done by way of preliminary elimination and classification, the task of the scientific homœopathist is clear. By virtue of his belief in the law of similars he will every day make use of this mass of symptoms to guide him to remedies for diseases and by the method of trial and error (the only easily available one, but capable of scientific handling) he will arrive at valuable judgments as to the genuineness of particular symptoms. The appeal in fact is to experiment and experience. Does a group of pathogenetic symptoms constantly justify

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itself as a ground for the choice of a remedy by relieving similar disease symptoms? Then such a group of symptoms becomes a candidate for Class A of our Materia Medica and as evidence in its favour accumulates it may have to be promoted. Does a strange and peculiar symptom attributed (by clinical or proved experience) to a drug, tend to justify its attribution by frequently appearing in company with other symptoms, characteristic of that drug and disappearing on its exhibition? Then however strange the symptom, it becomes increasingly "scientific" to control the impatience of our ignorance and promote even this pariah among symptoms to a high place, even though it cause pain to the orthodox to hear it mentioned. Their prejudices (and our own) cannot stand against repeated experiments; and *vice versa* in proportion as symptom groups and peculiar symptoms fail to justify themselves in practice, they must be relegated downwards till they reach Class D if necessary and are eliminated, and no traditions must be allowed to speak in their favour if repeated experiments pronounce against them.

Such accumulations of experience must clearly themselves be scientifically made in order to have any value. Detailed case records are the only material upon which much reliance can be placed, whether for promotion or rejection of symptoms. If a symptom is praised or derided, neither praise nor derision avails a jot unless the canon of science, experiment and again experiment, has been observed. Of course experiment is difficult. We all know that. Any one case however striking can only point to a conclusion, it can never establish it while the possibilities of untreated recovery remain so vast and unexplored. But by the accumulation of cases suspicion grows to belief and belief to nearly certainty, and there is never any harm in keeping intact a healthy scepticism that demands the maximum of evidence, provided it does not allow prejudice to refuse investigation of what is offered.

Labour of this kind over twenty or thirty years would result in a scientific arrangement of subjective

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symptoms inasmuch as it would be one based on experiment and observation. For the drugs of Hahnemann's Materia Medica much could be done at once in the way of classification of symptoms, for a century's experience is available wherewith to check conclusions. For my part when I survey this evidence and test it by my own experiments I can only say that there are many subjective symptoms (including many " queer " ones) that I would put unhesitatingly in Class A and nothing will shake my faith in them but detailed records of the cases wherein they have shown themselves fallacious guides. I can give no explanation of many of the " queer " symptoms (that *Lycopodium* symptom for instance) : but if that one proves itself a sound guide, occurring with other *Lycopodium* symptoms (it is not a common one, but in my experience of it, it always has so occurred), and serving with the others as a guide to successful prescribing, I have to conclude that it has a real pathology (for *all* genuine symptoms *must* have a pathology) and that that pathology is similar for drug proving and diseased state and therefore that Homœopathy justifies the use of the drug.

The symptom *does* occur in disease. and the easy mechanical explanations of it have never been true of the cases wherein I have known of it. There are " queer " symptoms I own that are in my judgment misunderstood. There is another famous *Lycopodium* symptom (an objective one) about which I have very strong views, but they apply less to the symptom's value than to the misunderstanding of it. We are forced back willy-nilly on to experiment and by the results of repeated experiment we stand or fall scientifically. I confess myself tired of the tendency to reject, in the name of science, evidence to which the method of science is not applied by the prejudiced judges : as tired as I am of the credulous acceptance of any evidence without a similar application of the only trustworthy machinery for the extraction of even approximate truth. Let us stop bickering and work a little harder.

And for those who by nature and training find it

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hard even to think of science and its methods in dealing with material apparently so fanciful, I would suggest a thought that may have some power to console. We are beginning to have a conception (faint and vague) of the part played in the body economy by internal secretions, and of the far-reaching effects of their excess or deficiency. It may very well prove to be the case that the great remedies for chronic diseases have the power, as a class, of modifying some one or other of these secretions and owe to this their power over what we call " the constitution." If that is so we may even in time be able to refer queer " general " symptoms to a definite cause, nay, we may even be able to recognise a state of excess or deficiency of an internal secretion and fit it with an appropriate remedy on the basis of pure pathology and the " queer " symptoms which now are needed as pointers because we cannot as yet discriminate between varying conditions, will no longer be required. If for instance we could find that *Calc.-carb.* had a power over parathyroid secretion and that when this latter was deficient there was a concomitant failure of the peripheral circulation, the famous " cold feet " of that medicine might find at once an explanation and a remedy, while the presence of that symptom associated with a certain mental state might indicate failure of another secretion and find its appropriate remedy in *Sepia* or *Sanicula.* Once we can convince ourselves that " queer " symptoms are genuine we should search diligently for a hint of their meaning, and if we found one might find therein the clue to a wider understanding of real pathology. And similar considerations may serve to re-assure those who refuse to find in constitutional peculiarities that are compatible with health (such as marked relations to heat or cold, marked personal dislikes or desires), guides to the selection of remedies for diseases. If we understood these distinguishing features we might be able to group them into pictures revelatory of a relative excess or defect of secretions, which although usually within limits of health might be of deep import in disease, whose correction might react favourably upon the

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course of a variety of intercurrent maladies. So, if we pursue the path of science we have to ask, first, " Is it a fact " (and the determination of this problem may demand labour and unending care), but next we must ask " Since it is presumably a fact, how does it come to exist ? What conditions it ? How (if at all) can it be modified ? " In the answers to these questions we shall find need for more toil and as ever the tracing of a single thread may seem but to reveal to us new complexities in the maze; but there is no other road to knowledge. However much honest effort may err, it must finally carry us further than any *a priori* conclusions of prejudice, however plausibly put forward, and if we can see but small fruit from our manifold labours, it will be reward enough to have cleared some small space for those who follow us and have sown seed, scanty it may be, but wholesome and sound to bear a hundred fold for the harvests of the future.

OBSERVATIONS ON THE REACTION OF SCHICK.—Moffett and Conrad (*Jour. Amer. Med. Assoc.*, September 18th, 1915), detail their observation on this reaction in 455 infants and children. This reaction was devised by Schick to detect the immunity against diphtheria produced by the administration of antitoxin. Schick observed that the intracutaneous injection of one-fiftieth of the minimal lethal dose of diphtheria toxin for a guinea-pig weighing up to 300 grams produced at the site of injection a characteristic reaction. He used as the basis of his observations the work of Von Behring, who showed that as little as one-thirtieth of a unit of antitoxin pur cubic centimetre of serum if present in the body will protect a person against diphtheria. Schick showed that if this amount of antitoxin is present the intracutaneous injection of the toxin will not be followed by any reaction ; if on the other hand the necessary quantity of antitoxin is not present, there will be a well marked local reaction. The value of this method, if trustworthy, is obvious, and it was to test its value that the observations of Moffett and Conrad were made. Their conclusions from this study of 455 cases are as follows :—(1) The Schick reaction differentiates doubtful membranes of the throat ; (2) it tests the efficiency of antitoxin immunisation power ; (3) it is of great value in institutional epidemics, in which it lessens the amount of antitoxin used by one-half ; (4) it differentiates susceptible from non-susceptible patients ; (5) It shows a striking similarity in reaction in families, and indicates that immunity is a family condition, as shown by fifteen instances under their observation ; (6) It lessens the great yearly expenditure for unnecessary antitoxin.

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SOCIETY MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the session was held at the London Homœopathic Hospital, on December 2nd. Dr. C. E. Wheeler, president, being in the chair. After the preliminary business, Dr. Burford made a short report to the Society on the work of the International Homœopathic Council and the Society elected Dr. Cronin and Dr. Wynne Thomas (vice Dr. MacNish) as its delegates to that body. The President quoted from a letter of Dr. Brasol showing the success of the Homœopathic Hospital in Petrograd in war work.

Dr. Burford then read a paper on Intestinal Obstruction: the lines of the paper were largely laid down by the consideration of actual cases, and the blending of practical experience with wide general medical knowledge, gave it a particularly definite value. Mr. Knox Shaw in an admirable speech opened a discussion which proved illuminating and stimulating, both physicians and surgeons making good their claims to parts of the field of inquiry. Dr. Neild, Dr. Wynne Thomas, Dr. Day, Dr. Stonham, Dr. Jones, Dr. G. Hey, Dr. Purdom, Dr. Powell, and Dr. Wheeler spoke and Dr. Burford replied.

THE TREATMENT OF DIPHTHERIA BACILLUS CARRIERS WITH BOUILLON CULTURES OF STAPHYLOCOCCUS PYOGENES AUREUS.—J. D. Rolleston describes (*British Journal of Children's Diseases*, July, 1913) ten chronic diphtheria bacillus carriers who were treated by spraying and swabbing the throat and nose with bouillon culture of staphylococcus pyogenes aureus. In six faucial cases the findings were negative within two to seven days after starting the treatment. In the two nasal cases no result was obtained. The method should not be employed except late during convalescence. A mild form of sore throat was produced within a few days, and there was considerable malaise; the symptoms were of short duration. The culture is easily prepared and no injections are required, so that the method has advantages over the endotoxin treatment. The histories of the cases are described. There was a death in an infant of three months who had been admitted with nasal diphtheria and congenital syphilis. In this case the terminal broncho-pneumonia developed nearly three weeks after the use of the spray.—*The Universal Medical Record.*

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH NOVEMBER TO 15TH DECEMBER, 1915.

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The usual monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 15th December.

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OBITUARY.

Dr. H. G. Hilbers.

We regret to announce the death of Dr. Hilbers of Brighton from heart failure at the age of sixty-one. He was the son of Dr. G. T. Hilbers, a famous homœopathic practitioner at Brighton, and was born in that town, educated in Guildford Grammar School and St. John's College, Cambridge, and studied medicine at Guy's and Edinburgh. He qualified in 1885 and inheriting an interest in homœopathy was R.M.O. at the London Homœopathic Hospital in 1885-1886. Thereafter he practised with success at Brighton, where he was for many years Physician to the Sussex County Homœopathic Dispensary, founded in memory of his father. He was deeply interested in the Church Lads Brigade and Medical Officer to the Brighton company of it. He was much loved and honoured by his patients and colleagues and Brighton Homœopathy will miss him sadly.

VARIETIES.

Clinical Observations by Dr. C. Von Bœnninghausen.—We find in the *Journal de la Medicine Homœopathique* for January, 1850, a clinical note, containing the substance of several conversations held with Dr. Von Bœnninghausen by Dr. De Bonneval. We give the results not as facts, but as suggestions worthy of record that the indications pointed out by our venerable colleague may be subjected to the test of experience. Dr. Von Bœnninghausen states it as a result of his observations, that :—

1. The more chronic the affection, the longer must be the interval between the administration of the drugs.

2. In those subjects in whom the remedies do not seem to act promptly, we must ascertain the cause that prevents their action.

Want of susceptibility. Opium, especially in plethoric subjects.

In weak and emaciated patients with small pulse. Carbo vegetabilis.

Nervous excitement. Laurocerasus.

Where the character of an affection has been disguised by successive administration of a large number of homœopathic remedies, which, without curing, have only altered the symptoms,

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a single dose of *Psorin* a few days (ordinarily the fourth) before giving the medicine indicated.

Dr. Von Bœnninghausen's practice is to give the remedy dry, and in a single dose—most frequently alternating two remedies every fourth day.

He recommends the following specifics:

Asthma. Evening attacks, *Puls.*; morning ditto, *Ars.*; if the symptoms are principally in the throat, *Spong.*; in the chest, *Phosph.*; spasmodic, *Ipec.*

Bones, diseases of. *Merc. Sol.* is the principal remedy.

Diabetes. *Coloc. is* a specific.

Drunkennness habitual. The best mode of causing disgust of wine is to administer three drops of *Laudanum* or *Tincture of Opium* in a cup of coffee. *Ant. Crud.* is the best antidote to the effects of sour wine.

Erysipelas. It is the belief of M. Von Bœnninghausen that *Camphor*, administered every fifteen minutes, will cure even a severe erysipelas in the course of a few hours.

Fistula Lachrymalis. A cure may sometimes be obtained by the aid of *Petrol*, and *Silic.* in alternation. *Petrol.* and *Caust.* act very slowly.

Muscles, diseases of. *Arn.* is the principal remedy.

Myelitis. *Calc. carb.* and *Silic.*, given at intervals of five months, have cured five cases of myelitis.

Panaris. *Sulph.* and *Silic.*, four days apart.

Paralysis of the tongue. *Mezer.* acts very well.

Paralysis of the Pharynx. *Baryt., Carb., Mur. ac., Caust., Con., Ars.., Calc. carb., Hep., Sulph., Iod.* This last is especially indicated when solids cannot be swallowed.

Polypus Nasi. 1. *Calc. carb., Con., Phosph.* 2. *Aur., Bell., Graph., Merc., Nitr. ac., Silic., Sulph., Staph., Teuc.*

Periosteum, diseases of. *Merc, cor., Phos. ac., Sabina.*

THE WAR AND THE LOWERED BIRTH-RATE.—The question of the probable effect of the war in still further depressing the already low birth-rate both in this kingdom and in enemy countries has recently been examined by Dr. Louis C. Parkes. In a suggestive paper on the National and Social Aspects of the Lowered Birth-rate, read before the Royal Sanitary Institute, on November 23rd. Dr. Parkes gives an account of his latest researches is this direction. He expresses the conviction that for many years after the cessation of hostilities the birth-rates of the belligerent nations must inevitably be reduced still more seriously. He estimates that among the five chief nations now engaged in conflict the number of males of military age who after two years of war will have died from wounds or from disease, or who will be permanently disabled and unable to support a family, will amount approximately to nine millions. But to these millions must be added the fighting men lost to Belgium, Italy, Serbia, Turkey, and Bulgaria, as well as the losses of men, women, and children in these countries and in France, Poland, Russia, and Austria. These additions may be thought of as

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bringing up the total losses to twenty millions. In contemplating the present awful sacrifice of human life one consoling reflection at least may be derived from the past history of our race. In years gone by natural causes—*e.g.*, plague, pestilence, and famine—have at times decimated the populations, but these calamities are known to have been generally counterbalanced by substantial advancement of civilisation. It is therefore permissible to hope that in spite of the present suffering thus entailed these terrible losses of ours may be followed by not a few compensating advantages, and that, in our case also, "Armageddon" may prove of ultimate benefit to humanity. The English birth-rate having in recent years fallen more rapidly than the death-rate, the rate of increase of population has tended to decrease. Dr. Parkes is not alone in declaring that whilst the fall in the birth-rate has been conspicuous among the upper, the middle, and the superior working classes, the rate among the lowest class still remains at a high level. In Chelsea the birth-rate of the class inhabiting industrial buildings has only recently begun to fall whilst the rate of casual labourers living in poor tenement houses has not declined at all. The rate of increase of population in the latter class is now greater than that of the superior class of labourer, and it would appear that the least desirable class of the community is increasing more quickly than any other. We must begin by extending and improving the measures designed to safeguard infant life, including schemes for the welfare of expectant mothers. But in any event the saving of life will be chiefly among the lower sections of the community. Accordingly, if the experience of Chelsea should prevail generally throughout the country, the nation will tend to be reinforced from the least intelligent and most dependent elements of the population. Dr. Parkes therefore foresees that after the war this situation will assume supreme importance and will demand exhaustive investigation as well as prompt action on the part of the Government.—*Lancet.*

Combined Vaccinations.—A paper on Combined Vaccinations by Dr. Aldo Castellani, formerly of Colombo, but now professor of tropical medicine in the University of Naples, who has been recently working in the Serbian military hospitals, was read at the November meeting of the Society of Tropical Medicine and Hygiene. The following is a short summary of the conclusions of the paper. Professor Castellani thinks he is justified in saying that the preparation of combined vaccines is based on the experimental work which he carried out in 1901-02 in Professor Kruse's Institute, when he demonstrated that in animals inoculated with two or three species of bacteria—provided a sufficient minimum quantity was given—agglutinins and immune bodies of all the germs were elaborated, the amount of agglutinins and immune bodies elaborated for each germ being nearly the same as in control animals respectively inoculated with only one species. He has prepared and used the following vaccines :—

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1. Typhoid plus paratyphoid A and paratyphoid B.
2. Typhoid plus paratyphoid A, paratyphoid B, and cholera.
3. Typhoid plus Malta fever.
4. Typhoid plus paratyphoid A, paratyphoid B, and Malta fever.
5. Typhoid plus paratyphoid A, paratyphoid B, cholera, and Malta fever.
6. Typhoid plus paratyphoid A, paratyphoid B, B. asiaticus, and B. columbensis.
7. Typhoid plus paratyphoid A, paratyphoid B, B. asiaticus, B. columbensis, and Malta fever.
8. Typhoid plus paratyphoid A, paratyphoid B, dysentery Kruse-Shiga, dysentery Flexner, dysentery Hys Y. dysentery Flexner-like No. 1, and dysentery Flexner-like No. 2.
9. Cholera plus plague.
10. Cholera plus plague, typhoid, paratyphoid A and paratyphoid B.
11. Cholera plus plague, typhoid, paratyphoid A, paratyphoid B, and Malta fever.

The inoculation of the above vaccines in man is harmless; the reaction is not severe, with the exception of those containing plague, but even simple plague mono-vaccines give generally a severe reaction. The combined vaccines Professor Castellani is now using consist of carbolised emulsions of agar cultures in normal salt solution without heating. These emulsions seem to give a less painful reaction than both cultures killed by heat. The presence of 0.5 per cent. carbolic acid is sufficient to kill the germs. The individuals inoculated with those of the above-mentioned vaccines which contain two or three or four species of bacteria generally produce agglutinins for each species of bacteria. The amount for each species is not much less than that observed in control individuals inoculated with simple "one disease" vaccines. Of the vaccines containing more than four species, some, as for instance the plague plus cholera, typhoid, paratyphoid A, and paratyphoid B vaccine, seem to give good results; others are not so satisfactory protective, substances developing only for two to three or four species and suddenly disappearing. The combined vaccines which Professor Castellani has found most useful from a practical point of view are the typhoid plus paratyphoid A, and paratyphoid B vaccine, and the tetravaccine typhoid plus paratyphoid A, paratyphoid B, and cholera. The latter vaccine has been prepared in Serbia on a large scale by himself, with the assistance of Dr. Mendelson and Dr. Borvic; it was officially adopted by the American Red Cross Sanitary Commission and by the Serbian Government, and more than 170,000 men were inoculated with good result. Finally, it may be stated that these combined vaccines, when efficient, are of practical advantage, saving a great deal of time and rendering possible a contemporaneous vaccination for several different maladies.

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TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Beggs (S. T.). Training in First Aid and Nursing by Question and Answer. Cr. 8vo. limp cl., pp. 144. (Scientific Press. Net 1s. 6d.).

Burnet (James). Hints on Prescription-writing. 3rd ed. 18mo., swd., pp. 32. (Bryce. Net 1s.).

Clarke (J. Jackson). Phozopod Protozoa: The Cause of Cancer and other Diseases, being part 4 of Protozoa and Disease. 8vo. (Baillière. Net 7s. 6d.).

Colwell (Hector A.) and **Russ** (Sidney). Radium X-Rays, and the Living Cell, with Physical Introduction. 8vo., pp. 344. (Bell. Net 12s. 6d.).

Complete Manikin (The). System of body accurately indexed. 4to packet. (Bale. Net 2s.).

Kelson (William H.). Diseases of the Throat, Nose, and Ear. 8vo., pp. 286. (Frowde and Hodder & Stoughton. Net 8s. 6d.).

Lukis (Purdy) and **Blackham** (R. J.). Tropical Hygiene for Residents in Tropical and Sub-Tropical Climates. Revised and enlarged ed. Cr. 8vo. (Thacker. Net 4s. 6d.).

Morse (John Lovett) and **Talbot** (Fritz B.). Diseases of Nutrition and Infant Feeding. 8vo. (Macmillan. Net 10s. 6d.).

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Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

R. H. Caird, Esq., London—Dr. Rayaker, Bombay—Dr. Searson, London—Dr. R. Day, London—Dr. Jagielski, London—Dr. Clifton Harris, Brighton—Dr. Wheeler, R.A.M.C., Gallipoli—Dr. Sandberg, London.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.—Physical and Mental Massage, Jagielski.

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THE

HOMŒOPATHIC WORLD.

FEBRUARY 1, 1916.

THE END OF NEUILLY.

The Homœopathic Hospital at Neuilly has to cease its activity after nearly a year of work. Hampered from the outset by nearly all the difficulties of organisation that beset emergency undertakings, burdened with expenses unduly disproportionate to its size, and continuously striving to supply a staff sufficient for its work, it has triumphed over all difficulties, met all expenses, and achieved a medical and surgical success which have brought it the highest regard and appreciation of the Authorities and won for it the affection of those who have benefited by its existence. This is a matter for congratulation for Homœopathy and the generous public which has supported this homœopathic effort, a public ranging from Britain to Russia, from America to Japan. Now the effort in its present form and in its present place must end. But is there, therefore, to be an end of activities distinctly homœopathic at the seat of war? We shall never believe that. Although there are many homœopathists upholding with credit our special flag in many places, there is only one homœopathic hospital besides Neuilly, and that is the hospital at Petrograd, associated with Dr. Brasol and his colleagues. Frankly we do not consider that to be enough. When the doors

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are shut at Neuilly—doors of a homœopathic Institution must open elsewhere for sick and wounded, and we have the serenest confidence that the generosity and enthusiasm which have made Neuilly a radiant achievement will not end with the necessary curtailment of this effort, but will continue to build up a record that shall surpass all that has been done, and keep a place for the name of Homœopathy in this greatest and most terrible of wars.

RESIPRATORY SIGNS IN TRICHINOSIS.—One hundred and two cases of trichinosis are reviewed by Minot and Rackemann (*Amer. Journal of Med. Sciences*, Philadelphia, October, 1915, No. 4, pp. 469-624). The diagnosis in seventy per cent. of these cases was made by finding the embryo in excised pieces of muscle or in the blood; in five per cent. no parasite was found, but the muscle showed a histological picture of a myositis such as is found when trichinæ are present; in twenty-five per ecnt. by the history, symptoms and physical signs, and the eosinophilia which varied from thirteen to sixty-three per cent. of the total leucocyte count. All of the 102 patients recovered except one, and it should be noted that although this patient had moderate dyspnœa, no abnormal physical signs in the lungs were detected. In fifty per cent. of the 102 cases there is no mention of cough or abnormal lung signs at any time during the course of the disease, but in the remaining fifty per cent. sixteen patients (15.6 per cent.) had cough without abnormal physical signs in the lungs, while seventeen (16.6 per cent.) had cough with abnormal lung signs, making thirty-three patients (32.3 per cent.) that had cough beginning from one to twelve days (usually two to six) after the onset of the disease and lasting three to twenty-five days or throughout the course of the illness; eighteen patients (17.6 per cent.) had abnormal signs in the lungs without cough, making thirty-five patients (34.5 per cent.) that had abnormal physical signs in the lungs. These physical signs were present within forty-eight hours after the patient entered the hospital in thirty-two cases (31.5 per cent.), and in three cases (2.9 per cent.) within six days. The duration of these signs seemed to depend on the length of time the temperature remained elevated, the signs disappearing as the temperature fell. If the signs were light they existed, as a rule, but for a few days, and only a the height of the fever. Nine cases (8.8 per cent.) showed respiratory signs or symptoms, or both, severe enough to lead to a serious consideration or actual diagnosis of a purely pulmonary condition during the first few days the patients were in the hospital.

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NEWS AND NOTES.

The Late Dr. J. B. Gregg Custis.

No one who attended the last International Congress in London will need to be reminded of Dr. Gregg Custis, one of the most impressive and attractive personalities then present. For years he was a most influential and active member of the A.I.H., the staunchest of homœopathists and the most courteous and warm hearted of men. Now he has gone from us, dying but a short while after his great friend, Dr. McClelland, and it only remains for us, alas! to lament our loss and honour his memory by more ardent devotion to the cause which he defended and adorned.

Honour to Mr. Attwood.

We note with great pleasure that the name of Captain E. A. Attwood, V.D., R.F.A., appears in the dispatches of Field Marshal Sir John French "for gallant and distinguished conduct in the field." We understand that these laurels were won near Ypres, where our colleague has been fighting for some months. We learn also that he is well, and beg to offer him our congratulations on recognition which all who know him will know to have been well earned.

Quinton Polyclinic.

Dr. Sandberg puts the following particulars at our disposal.

The Quinton Polyclinic has removed from Poland Street to a new situation at 225, Euston Road, next door to the Metropolitan Station.

The Institution opened its doors at its new quarters on Wednesday, December 29th, and judging by the number of patients, shows no danger of any loss of patronage by the move.

The new premises consist of two floors, the upper

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one containing the consulting room, waiting rooms and picqure rooms, whilst the lower floor is occupied by the Committee and staff rooms, store rooms, &c. Any visitors interested in the Institution are very welcome to inspect it on Monday, Wednesday, or Thursday, between the hours of 2 and 4 p.m. Telephone No. 2225 Museum.

Drug Notes.

Lycopus has many heart-symptoms, chief among which is the tendency to shift: shift from rectum to heart and head; from heart to eyes; from head to heart; from heart to left wrist and right calf, and back to wrist and heart. The characteristic heart is a feeble heart, with distress and weak pulse.

Lepidium Bonariense, a Brazilian cress, belonging to the same family as the English (common garden) cress, in its proving affected the left side principally, according to the text. With heart symptoms numbness and pain in left arm, and sensation of sinking in the pit of stomach. Lancinations in left side of head, pain in left brain spreading to occiput and nape. Left side of nose swollen and painful; heat in left side of face, lancinating pain in left chest. Left arm pain so intense can scarcely raise it; cramping pain in left hand. Pain from left hip to knee.—*Trans. International Hahn. Association*, 1914.

Viburnum Opulus has been an ingredient of proprietary preparations, for many years. From the reports which have been given by women who have used such preparations, we might judge that some of the claims made for it, in relieving dysmenorrhœa are well founded.

The indications found most characteristic are: Cramps and pains of extreme violence; bearing down; pain appearing a few hours before the flow; diarrhœa during the flow; the tendency toward hysteria; severity of pain causing a condition approaching convulsions. *Trans. International Hahn. Association*, 1914.

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Christmas at Southport.

The Cottage Hospital at Southport, which has been nursing wounded soldiers with such success, made a special effort to entertain its guests at Christmas, and clearly with great success judging by the reports sent to us. Christmas carols and Christmas "stockings" began the day, various festivities continued and closed it. The Mayor and Mayoress paid a visit and many generous friends gave both gifts and time and trouble, to make the day a memorable one.

Cancer Cures.

Dr. Robert Bell is well known as an opponent of surgical measures for the cure of Cancer. We note with interest that at the Annual Meeting of the Battersea General Hospital, of which he is physician, he gave names and addresses of eight patients, in whom varieties of malignant disease had been diagnosed (both by Dr. Bell and other physicians), now cured of their malady. This is a good record for a year. Dr. Bell relies mainly, we believe, on dietetic treatment.

Honour for Captain Shaw.

Captain T. Knox Shaw, 1st York and Lancaster Regiment is the elder of the two sons of our distinguished colleague, Mr. Knox Shaw, who are serving in the army. He left a high position at Cambridge to undertake his present duties and we note with the pride and pleasure which we are sure will also fill our readers that he has been mentioned in Dispatches (January 1st) and awarded the Military Cross (January 14th). Our heartiest congratulations to his father one of the most loved and honoured of our body.

The Late Archdeacon Madden.

The death of Archdeacon Madden, of Southport, removes a notable personality of great force and

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character and attractiveness. Though never a partisan in medicine he was a believer in Homœopathy, and those who attended the 1913 Congress will well remember him. His death means the loss to us of a friend, and we pay our tribute of respect to his memory.

Psycho Analysis.

This subject is difficult for the beginner to follow, and has many pitfalls for the unwary and prejudiced. One of the most lucid of brief descriptions of its aims and methods will be found in the *Psycho-Analytic Review* for January and it will be the more commendable to our readers from the fact that its author, Dr. A. H. Ring is physician to the Massachusetts Homœopathic Hospital at Boston, U.S.A. It is satisfactory that in America and here we have colleagues working at this difficult but (we believe) fruitful subject of research and endeavour.

Autoserotherapy for Gangrenous Venereal Ulcer.—Treupel (*Med. Klin.*, August 15th, 1915, No. 33, pp. 905-932) relates that in two progressive cases of this kind, long uninfluenced by vigorous local measures, injection of the patient's own serum seemed to arrest the gangrenous process, and start the patient on the road to recovery. In the first case the gangrenous ulcer scabbed over and the scab was thrown off the fifth day. Three injections of the patient's own active serum were given in the course of four days, the amounts ranging from 10 to 24 cc. In the second case four times these doses of serum of 100 cc. of the blood were given and prompt benefit was apparent, the gangrene promptly healing. Febrile skin affections were likewise favourably influenced. In one case of petroleum eczema, with temperature of 40.4° C. (nearly 105 F.) the fever rapidly dropped and the skin affection retrogressed after a venesection of 50 cc. of blood and intravenous injection of 200 cc. of the patient's own blood. The cure was completed by two further injections in four days. The work issues from the university clinic for skin diseases at Jena, in charge of Spiethoff. He has found this "own blood" or "own serum" beneficial also in treatment of catarrhal febrile sore throat and prostatis, typhoid and tetanus.

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ORIGINAL COMMUNICATIONS.

CLINICAL LECTURE ON ECZEMA AND OBESITY AS DEFENSIVE REACTIONS.*

By H. Gougerot, M.D.,

Professor Graduate at the Faculty of Medicine of Paris.

[This article by an orthodox physician seems to us particularly interesting to homœopathists by reason of its grasp of the principle of the conditions underlying many local disease manifestations.—Ed. H.W.].

From time immemorial a certain relationship has been recognised between eczema and obesity, because they both flourish on an arthritic soil, but this somewhat vague pathogenesis requires to be more clearly defined. If eczema and obesity are so closely allied, if they so often co-exist or alternate, if eczema makes its appearance after a course of treatment for obesity, as a sort of accident of absorption, it is because both one and the other are defensive reactions against one and the same cause—viz., diathetic auto-intoxication. Although obesity and eczema are both reactions of defensive reactions they are due to different mechanisms. Obesity is the outcome of an attempt to rid the organism of poisons which hinder its functions by storing them up and fixing them in the form of fat in parts where they can no longer do any harm—*e.g.*, the interstices of the tissues. Eczema, on the other hand, seeks to rid the organism of the poisons by burning them up in the skin and getting rid of them *via* the epidermis.

(1) The question of toxic obesity, or obesity as a defensive reaction, is only now beginning to attract attention, though the relationship between obesity and the various forms of intoxication was long since recognised. Our predecessors used to insist on the co-relationship of gout and obesity. Is obesity indeed, not one of the indisputable manifestations of the arthritic diathesis or of the diatheses of auto-

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intoxication (endogenous intoxications)? Various observers have noted the occurrence of obesity in the course of medicinal intoxications (exogenous intoxications). Clinicians have called attention to the development of obesity after grave acute infections such as typhoid fever, or in the course of chronic diseases usually entailing cachexia, such as tuberculosis (microbial intoxications). Then, too, during the last few years certain cases of obesity, previously of obscure origin, have been referred to glandular disturbances, more particularly the part played by hypothyroidea, and the hypothesis has been formulated that several of the causes of obesity—the infections for instance—determine obesity only by damaging the endocrinous glands. This pathogenesis is evident enough in some instances, but remains hypothetical and undemonstrable in many others.

The relationship between obesity and the intoxications may therefore be taken as proven, but the pathogenesis remained very vague. Bouchard and his followers maintained that obesity was due to a slowing down of nutrition. Others suggested trophic disturbance, as vague as it was convenient. Lastly crops up the conception of obesity as a reaction of defence. The intoxicated organism, not being able to eliminate the poisons that hinder its working, endeavours to get rid of them by shutting them up in the interstitial spaces of adipose tissue, utilising fat because this fixes and neutralises the poisons. This hypothesis, shadowed forth by various observers has been admirably elucidated by Ch. Fiessinger.

Everybody, he remarks, mentions the drawbacks of obesity, and they are right, but it must not by forgotten that obesity is not an unmixed evil—indeed, it presents unquestionable advantages. Obesity, as a consequence of intoxication, is, as already mentioned, a reaction of defence. That the defence may prove inadequate, that *per se* it sometimes gives rise to accidents, we all know. The fat stores up the toxic substances in the interstices of the connective tissue, where they are, so to speak, in prison. It prevents the escape of the poisons which, if at large, would

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attack the noble organs and do no end of mischief—gout, rheumatism, diabetes, eczema, lithiasis, bronchitis, neuralgia, sciatica, nephritis, atheroma, etc. The truth of this view is shown by certain obvious clinical observations—viz., the frequent appearance of disturbances after the cure of obesity and the subsidence of such troubles as soon as the obesity returns.

(2) Now with regard to eczema as a reaction of defence. Whether it be external or internal, true or false, eczema, as I have shown, is an aseptic reaction of defence on the part of the skin to multiple irritations, almost invariably intoxications. The aseptic inflammatory reaction that exists, fully developed, in eczema (redness, heat, œdema, pain) seeks to combat the intoxication by at least four different mechanisms —viz., (1) a process of combustion that burns up the poisons as shown by the heat and redness; (2) neutralisation by the action of the cutaneous tissue on the toxins and no doubt attempts at fixation in the skin; (3) dilution of the poisons by œdema and, no doubt, neutralisation by the serum of the œdema; (4) elimination either by the secretion of the vesicles (eczematous flux) or by the squamous cells (desquamation). This inflammatory reaction, in which œdema predominates, is consequently a reaction of defence.

In the so-called endogenous eczema, the local irritation has a manifest determining or localising influence, but auto-intoxication is the principal factor; disturbances of gastro-intestinal, hepatic, glandular and thyroid, renal, nervous, defective general nutrition; the ultimate result in any case of these nutritive disturbances, with or without renal trouble, is retention of the poisons in the organisms; in fact, eczema is an autogenous toxidermatitis. The organism is therefore auto-intoxicated, and it becomes still more so should the food add a further dose of toxins. Now, in a normal organism almost the whole of the waste products of tissue life is eliminated by the kidneys. When these become insufficient the intestine and the skin, these two alternative emunctories, are brought into play. For reasons which are still very obscure,

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hereditary or acquired, certain subjects display a more marked tendency than others to eliminate *via* the skin, the fragile, porous skin allows itself to be traversed by the toxins, and a dermatosis results. This dermatosis is usually the œdematous, epidermodermitis of eczema; in fact, the poisons that are directed to the dermis attract humours that dilute them, because diluted poisons are less active, thus we get œdema of the dermis, then of the epidermis—that is to say, eczema.

In eczema, therefore, we get a double reaction of defence: to begin with, an eliminatory effort towards the skin in order to rid the organism of the poisons, then a destructive inflammatory reaction and dilution by œdema in order that the poisons on the way to elimination may be less actively toxic. With these data before us the relationship of obesity and eczema becomes readily comprehensible.

Clinical data abound: (1) Obesity and eczema often co-exist in the same patient. Many physicians are satisfied with the statement that both affections are the outcome of a common cause—viz., arthritism, slowing down of the processes of nutrition, etc.; but I believe that my suggestion of their being reactions of defence is more exact. When eczema is associated with obesity, it simply means that the organism is employing both means of defence against its auto-intoxication. If an obese person begins to have eczema, it is doubtless because the adipose defence has ceased to be sufficient to fix and imprison the irritating substances, whereupon the organism tries to get rid of them *via* the skin.

The variations in the course of eczema and obesity can easily be explained by the same pathogenesis. Sometimes the eczema and the obesity increase parellely, and this means that the combustion of the poison by the muscles, their neutralisation by the glands, their elimination by the kidneys, intestines, and lungs no longer suffice, or are not being brought to bear, so the organism utilises at the same time adipose accumulation and cutaneous elimination. Or the two affections may subside at the same time along with

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other signs of arthritism, owing to a change of habits of life in the direction of more exercise, recurring on the resumption of a sedentary existence. Then again, eczema may supervene when obesity disappears, or the two conditions may alternate. Exceptionally, though rarely, eczema may be an accident following absorption of fat.

It is evident, then, that eczema and obesity belong to the reactions of the organism in presence of intoxications. This explains the close relationship of coincidence, alternation, etc., of these various modes of defence *inter se*, and of their connection with the numerous symptoms of intoxication, especially the accidents analogous to or identical with uræmia. It also explains the fact that eczema seems to stand in the same relationship with œdema as with obesity, because the general pathogenesis of œdema and obesity is the same.

Consequent on the work of Widal, Lemierre and Javal Achard and Loeper and Ambard, the view of œdema as a reaction of defence commands assent. The absorbed toxins which cannot escape *via* the urine and other emunctories are shed into the connective tissue. The retention may be dry, but as a rule the organism seeks to diminish the irritation and toxicity of these poisons by fixing them with fat or diluting them with water. This can only be salt water in conformity with isotonic requirements. whence Widal's chloride retention. It may be that salt water itself tends to neutralise the poisons apart from the mere dilution, as suggested by certain experiments of Lesne and Ch. Richet, jun. Should the œdema be too rapidly absorbed, the organism becomes intoxicated, and may take refuge in eczema in order to get rid of it in part. The rapid absorption of fat in an obese subject produces the same phenomena.

Œdema seems to combat rapid or grave intoxications, while obesity appears to correct the slow, minor forms of intoxication. The connective tissue has the same defensive function; it becomes the refuge or magazine of injurious substances, and fixes them either by the induction of œdema or by the deposit of fat.

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Adiposity corresponds especially to the slow minor forms of intoxication due to vitiated nutrition without obvious renal lesions. The tissues, disturbed in their functions by hereditary or acquired influences, do not adequately discharge their functions, and give rise to noxious organic waste products instead of throwing into the circulation normal substances possessed of little or no toxicity. In such subjects the more they advance in years, the more the tissues age, the more toxins they secrete, and if, in addition to this endogenous intoxication, we get superadded exogenous alimentary intoxication, the organism becomes distressed, whereupon we get the various so-called arthritic manifestations—asthma, migraine, etc., and the economy has to defend itself as best it can.

Should this auto-intoxication be enhanced by concomitant disease of the liver, and especially of the kidney, the defensive effort of the organism becomes inadequate, and we get grave signs of intoxication, such as uræmia. We may therefore meet with all these coincidences, successions and alternations between eczema and uræmia. Uræmia is more likely to supervene when eczema, a defensive reaction, disappears. The risk of the supervention of visceral symptoms on the disappearance of eczema was well known to the ancients, who called them metastases.

To sum up, as soon as the organism becomes intoxicated, as soon as it can neither burn up nor neutralise the poisons in the tissues, especially by glandular secretions, it endeavours to defend itself. This defensive effort finds expression in two mechanisms :—

On the one hand, eliminate the poisons (1) by the usual emunctories—kidney, intestine, stomach, lungs, often give rise to troubles of elimination ; pyelonephritis, enteritis, gastric crises, asthmatic dyspnœa ; (2) by unusual emunctories—skin, nasal or uterine mucosa, giving rise to various disturbances: dermatoses, coryza, leucorrhœa, etc. (Of the dermatoses, eczema is the most frequent and most effectual.)

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On the other hand, divert the poisons into the tolerant parts of the organism, especially into the interstices of the connective tissues, particularly of the limbs, into the hypoderm and the serous sacs. This storing up and retention of the poisons may remain without obvious modification—dry- retention; be diluted with salt water—chloride retention with œdema ; be fixed and neutralised in fatty substances, —adipose retention, giving rise to more or less marked corpulence.

This synthesis explains all the co-existences, succession, sequences, and alternations of these defensive efforts and serves as a guide to treatment. It suggests pathogenic methods of treatment, such, for instance, as endeavouring to increase the eliminatory processes by promoting diuresis by means of diuretics (theobromine) and restricting the ingestion of chlorides, which favours the storing up of the poisons in the form of œdema. Then, too, it explains the beneficent effects of substituting one emunctory for another, as, for example, puncture and drainage of the legs. The patient "micturates through his legs" instead of through his kidney. Lastly, it convinces us of the desirability of not meddling with certain eliminatory efforts, such as eczema ; indeed, we may find it advisable to provoke this very eczema in cases of grave visceral intoxication.

When we are in the presence of these reactions of defence—obesity, eczema, etc.—we must endeavour to grasp the causes and the mechanism in order to know whether to leave them alone or to attempt their dispersion ; in order, too, to define the manner rapid or slow, in which we shall deal with them. We may have to abandon or modify the therapeutical measures so that of two evils we may choose the less. We shall sometimes be called upon to allow the eczematous subject to put on fat in order to combat the eczema, or, on the contrary, in subjects threatened with uræmia, to recall the eczema in order to disintoxicate the organism.

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PROVINGS OF BUTYRIC ACID.*

By Donald Macfarlan, M.D.
Philadelphia, Pa.

Prover N.K.M.

(1) Pains in the abdomen below the umbilicus.

(2) Pain over the forehead down to the back of the neck, aggravated on pressure.

(3) Pain in the bladder just after urination. The pain is fugacious and sharp.

(4) Poor appetite—he does not care to eat.

(5) Passes a lot of gas.

(6) Dull pain and a very weak, tired feeling in the lumbar region of the back.

(7) Appetite worse.

(8) Pain in abdomen below the umbilicus which came suddenly about 12.45, lasted for about ten minutes and left just as suddenly.

(9) Passed much gas.

(10) Tired feeling and dull pain in the small of the back which was aggravated on walking: this condition all day long for about twelve consecutive days.

(11) Feet sweat quite a lot; socks were wet through this evening.

(12) Passed a quantity of gas through the day.

(13) Stool accompanied by pain.

(14) Woke up twice during the night with severe pains in the abdomen and still had them when he arose, but they left him about 10 a.m.

(15) Tired feeling increased on coming up steps and somewhat relieved by stretching.

(16) Sleep sound, but felt tired when he arose.

(17) Stool very watery.

(18) Pains in abdomen more intermittent—come quickly, last from three to ten minutes and go very quickly.

(19) Back still very weak below the kidneys, increased on much walking or going up steps—a constant condition: has lasted continuously for nineteen days running. Relieved if he can lie on back and stretch.

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(20) Passed large quantity of gas.
(21) Next day passed much gas.
(22) Same dull pain in back, which makes him tired and weak. If he walks fast or goes up steps the steady pain becomes quite intense and much sharper.
(23) Pain in abdomen after dinner this evening.
(24) Same pain and tired back condition.
(25) Passed much gas.
(26) Feet sweat abnormally; odour is offensive.
(27) Intense pain in abdomen in early part of the evening, which passed away towards 9 p.m.
(28) After a walk in afternoon very weak in the back.
(29) Passed much gas.
(30) Feet sweat abnormally.
(31) Pain in feet and ankles.
(32) Slight pain over eyes—dull and constant.
(33) Pain intermittent below umbilicus; the first pain in the proving was constant for from seven to ten days. At that time sleep abrogated the condition. After this period of from seven to ten days the pains changed in character: they became intermittent and the prover awakened three or four different nights and found his knees drawn up with cramp.
(34) Stool accompanied by much gas, which mostly precedes the motion.
(35) Pain and extremely tired feeling in back below region of kidneys all day.
(36) Intense pain in abdomen below the umbilicus, since dinner this evening at frequent intervals and though he must have a large stool only gas alone was passed.
(37) Pain and tired feeling in feet and up legs to knees nearly all day.
(38) Passed much gas.
(39) Intermittent pains in abdomen throughout the day.
(40) Pain and tired feeling in back.
(41) Seemed to lack ambition.
(42) Passed much gas.
(43) Pain and tired feeling in back below region of kidneys.

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(44) Dull, tired pain in legs more or less constant, up through the calf of leg from ankle to knee: this generally in evening.

(35) Passed much gas.

(46) Dull headache of constant nature in forehead this evening.

(47) Sound sleep.

(48) Passed much gas.

(49) Pain in abdomen below umbilicus this evening.

(50) Sleep more or less restless, but felt rested when he arose.

(51) Passed much gas to-day.

(52) Same pain and weak feeling below kidneys.

(53) Pain in feet and ankles this evening.

(54) Sleep sound.

(55) Intense pains below umbilicus.

(56) Pain of a dull character in ankles and up back of leg, mostly in evening, which has continued for a long time.

(57) Pains in abdomen have changed—are farther apart and when they come last for about four minutes.

(58) Awakens very early in morning and cannot sleep; just tosses.

(59) Pains in legs, mostly in the evening.

(60) In the ankles, in the evening, especially in the right leg very sharp pains, so sharp he could hardly stand on this leg at any time in the proving. It was worse on moving the foot around.

(61) Last three days in the middle of the afternoon, throbbing headache over the eyes, gradually working backwards to the occiput, which is involved in the evening. This condition relieved more or less if he gets out in the air.

(62) Neuralgia in the back of the neck.

(63) In the morning dark brown, hard phlegm is raised with great difficulty.

(64) Stools are much larger than normal; they require urging, a necessity foreign to the prover normally.

Prover M.F.P.

(1) Severe headache, which extended from the right eye to the central portion of the head on the right

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side. The headache worse when going upstairs or on rapid motion. It was of a throbbing type. After eating dinner at 12 o'clock it was not so severe.

(2) On third day, in the middle of the afternoon, severe cramps at the pit of the stomach which are dull, and come and go. Pains continued all evening.

(3) Stool next day required urging and was hard and small in quantity.

(4) Next day during the afternoon experienced cramps in the right leg above the knee.

(5) Later, felt as if he were going to have a bowel movement but could not.

(6) Cramps in stomach, passed much gas which gave relief. Later, the pains in the stomach were very sharp.

(7) Did not enjoy food at dinner—12 o'clock.

(8) The stomach seemed to be overloaded and heavy although he ate a very small quantity of food.

(9) Urination becomes peculiar—at long intervals and in large quantities. Normally he voids a small quantity often.

Prover W.I.H.

(1) On third day felt pains in the pit of the stomach: they are cramps, below the umbilicus.

(2) On the fourth day palpitation of the heart which was unusual; palpitation in the evening and after eating.

(3) On looking at one thing for any length of time he noticed disturbances in vision. On ocular exertion objects which he was drawing ran together—this rare ordinarily when using his eyes much.

(4) Had slight pain in lower part of intestines for about one and a half hours in the evening. At the time of the cramps passed gas by rectum.

(5) Removed in the prover a disposition to worry over trifles.

(6) Man has been sleeping better since the proving; used to be occasionally restless about every third night. For eight nights steadily he has slept well; only one dream in that time and that pleasant.

(7) Crampy pains in the stomach at night.

(8) Pain in the right arm—a dull one in the nerve,

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running from the biceps muscle to the middle of the fore-arm. Is constant for many hours.

(9) Pain in the right arm continued for thirty-six hours altogether, then switched to the left arm but only continued there for twelve hours. In the left arm, the pain was the same as in the right—dull, annoying and constant.

(10) Tired feeling across the back, low down.

(11) Sleeping better than usual; has been doing so for two weeks.

(12) Character of stool: small round lumps, a little darker than usual.

(13) Since taking remedy, sleep has improved on the whole; before proving complained of being physically tired, with associated hyperactive mental condition. The remedy seemed to overcome these bad symptoms. In the last few days the former state has returned.

(14) Remedy removed a disposition to worry over trifles.

(15) Excess perspiration of the feet (never had this before in life like it is now).

(16) Perspiration from very slight exertion.

(17) Legs feel very tired and they ached. Pain was constant too—worse at night always.

(18) Dull pain for weeks low down in back and extremities.

(19) At nights lately mind very active, whilst he is tired physically.

(20) Depressed feeling in lower extremities and low down in back.

(21) Sharp pain just between ankle and calf of leg, more noticeable in the right leg; has had it for several days. Pain more or less constant on exertion.

(22) Loss of appetite for a week.

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THE SCIENTIFIC METHOD OF DRUG PROVING.*

By Ralph R. Mellon, M.D., Ann Arbor, Mich.

[This matter is one of the deepest interest to all homœopathists and America is giving as a splendid lead in practical work at the subject.—Ed. H.W.].

The subject matter of this paper assumes three things: that the old ways were good ways, but not of necessity the best; that the law of similars was not a truth presented by God to Samuel Hahnemann, and incapable of further development; that progress is the law of life.

As I understand it, our homœopathic materia medica is made up of symptoms culled from several sources: first, from the proving of drugs on healthy persons; second, from records of poisoning with these drugs, and third, reciprocally, by assuming that symptoms which disappeared during the course of the administration of a drug must, in susceptible individuals, have been produced by that drug.

Our materia medica was evolved during a period which precluded the possibility of obtaining reliable foundation for prescription from any other sources. Latterly, the advances in some of the important collateral branches of medicine have opened up avenues of approach to a drug's action not dreamed of in the earlier days. The development of physiology, bacteriology, organic and physical chemistry and immunity are the principal subjects to which I refer.

Practically the old method of eliciting symptoms by the administration of drugs to healthy persons grows more difficult every day for several reasons. Homœopathic sentiment and conviction are not so strong as in the early days, and consequently, students are not desirous of becoming experimental animals. Guinea pigs cost from 50 to 75 cents. per, and rabbits can be bought for twelve cents per lb., and in some mysterious way, students have become apprised of these facts.

Under the most favourable conditions, students will not permit the proving to be carried to a point where

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much really could be learned. At the first approach of symptoms, the drug picture becomes vastly modified by the emotional reaction. In control cases, I have noted some remarkable symptoms develop from the use of distilled water, while some who were really taking a drug evinced no disturbances when assured that they were taking nothing but distilled water. My experience is limited to students at the University of Michigan. They may have more convictions in other places, more devotion to Homœopathy, and in such a case, the subjective symptoms would be of more value. In my proving of *Thymol* some years ago, I had at least two men who convinced me that they really suffered serious inconvenience from that drug. Clinical verification of their findings by Dr. Buck Carleton of New York was gratifying, to say the least.

Notwithstanding the fact that this method is not so utilisable as formerly, it deserves priority when investigating a new substance. It is merely the method of going from the general to the particular and since the scope of the latter has expanded so greatly in past years, it behoves us to know at least what particular field of the drug's action we could investigate with the most profit. By the older method we could determine the spheres of activity of drug action, and minute investigation could be followed with the more detailed methods at our command. But in view of the facts that we have something over 400 drugs in our materia medica, the framework of which has been worked out by our predecessors, I believe that there is little use in hunting new drugs unless one of the significance of radium appears.

There are enough drugs partially proven, and there are so many problems to be worked out regarding the administration of these that I believe we shall not suffer a great deal by discarding for the present the subjective method in drug investigation. The symptomatology of the drugs which we have is in need of revision, and what objective findings are incorporated in the provings need expression in the terms of modern science.

For example: If a urine deposits a red sediment, we should know quite specifically what that sediment

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is. If there is an impoverishment of the blood, we should like to know the exact nature of it in accurate, terms. If suppuration is procured, its grosser characteristics should be expressed in terms of the exudate that the student's knowledge of pathology enables him to appreciate. A sticky exudate may be due to several constituents. The organisms producing such exudates can often be inferred from an accurate description of their character. And after we have proved that *Echinacea* is a remedy *par excellence* in streptococcic infection, while *Hepar Sulphur* works better in staphylococcic, our formulation of such facts is more intelligible than to say that one drug works better in thin pus and another is indicated in the thick variety.

Medical terminology is vast enough without having a perfectly independent dictionary for our principal study. In case the subject matter overlaps, it is well that the ter minology should be identical in proportion.

This is no reflection on the older way of doing things. The men of one hundred years ago did the best they could with the tools they had, and if we do the same with the tools we have, it will require more effort than has been put forth yet. No one casts any reflection on a horse and buggy as a means of travel, even though he may prefer an automobile.

As I have insinuated, the newer working tools of bacteriology and immunity make possible the application of methods of great promise in our particular lines. To be concrete, *Phosphorus* is one of the drugs which we all prize in tuberculosis. The recent activity regarding lipoids and lipases and fatty metabolism gives wonderful opportunity for experimentation with this drug. No poison is more intimately connected with fatty change than *Phosphorus*. It has been conclusively demonstrated of late that one of the principal means of reaction of the body to tuberculosis lies in its production of lipolytic ferments by the lymphocytes. The solution of the protective wax envelope of this again lays it open to destruction by the lymphocyte. Staining reactions of the lympho-

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cytes bring out beautifully their ingestion of the waxy products. Most of the beneficial therapeutic agents against tuberculosis, including sunlight, fresh air, tuberculin, etc., are prominent stimulators of lymphocytic production. It would be an exceedingly interesting piece of information to know if *Phosphorus* acted in this way. Wheeler of London claims to have shown that it increases the opsonic index to the tubercle bacillus. If the lymphocyte is the real agent acting against this organism, and as lymphocytes are not usually phagocytic, and since Wright's opsonic estimations regarding this organism so often conflict with the clinical course of the disease, it would seem of much more promise to work with *Phosphorus* for the production of lipolytic activity.

The relation of *Phosphorus* to the anæmias is also interesting. Much work has been done recently with organic *Phosphorus* in anæmias with persons of a neurasthenic base. Russian experimenters have worked much with *Phytin*, a form of plant *Phosphorus*, in the successful treatment of such conditions. They have always recorded in detail the morphological and hæmoglobin changes, etc., in the blood. In their own language, they attribute the change to a pharmacodynamic action of the *Phosphorus*. *Lecithin* has also been experimented with in this connection. It has long been known as an activator of ferments, and these changes have been shown to come about as the probable action of *Phosphorus* on the nervous system.

Rhus toxicodendron has long served as a prophylactic in rheumatism, and last year I had the pleasure of meeting a layman, who for years has protected himself from *Rhus* poisoning by chewing an occasional leaf of it. This procedure was made necessary by the fact that he had several fields in which the plant grew, and for years was subjected to attacks of poisoning, until he learned the secret of its prevention. I saw him eat a couple of leaves, which he did for my especial edification. Since septic sore throat and rheumatism and the multitudinous sequelæ of the streptococci have become apprehended, investigations of this drug might be exceedingly profitable in this connection.

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And since the lymph-gland conditions, tonsillitis and the affections of the blood organs have become so prominent, the study of the baryta salts, *Ceanothus* and kindred remedies would bear systematic investigation. If one could discover the relation of *Baryta carbonica* to arterio-sclerosis it would be definite light on one of the most distressing problems of our day.

There has already been work done by the other school with *Rhus toxicodendron* regarding antibodies produced in the serum. The preliminary reports appeared some time ago, but conclusions have not been definitely reached, so far as I know. The work done by Dr. Hooker of Boston regarding the production of complement fixation bodies with *Bryonia, Baptisa Bichloride of mercury* and other drugs against the organisms of the typhoid-dysentery group is commendable, and very suggestive if it can be confirmed. The work of Dr, Burrett and others in this line is well known to you all.

The Abderhalden test, as well as other ferment work, opens up possibilities that are perfectly stupendous. Anaphylactic phenomena have unexpectedly thrown light on the various food and drug idiosyncrasies, and we can at least begin to resolve them in terms of things about which we know a little.

I do not know that there is any need for further multiplication of examples. I have indicated in a general way how I think drugs should be worked out, and it is not necessary to produce grave symptoms to learn their therapeutic action.

Processes of immunity go behind the microchemical staining reactions of pathology, and their phenomena are too delicate to be recognised by these grosser methods. It is in this fact, more than any other, that I justify the use of these methods in studying drug effects. Homœopathic therapeutics have always been at war with pathology, because the latter recognised changes too far advanced for curative drug action. Immunity eliminates all that, and this should be the most potent factor we have in apprehending drug action which formerly we have been pleased to call dynamic.

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There is another aspect of this subject on which I should like to speak briefly, because it is so fundamental. One can scarcely think of this work without associating it with three things. These are adequate clinical facilities, endowed laboratories, and experienced workers. These laboratories should be connected with hospitals. The day has passed when we study dead pathology alone. We shall in the future study a livirg pathology, with, of course, a study of immunity.

We must have patients to work with as well as animals. The laboratory can be divorced in no sense from the bedside. Its findings for the most part are to be interpreted in the light of the clinical picture.

Unless we are willing seriously to go about obtaining ample endowment for our laboratory, facilities for the use of hospitals, particularly in connection with the schools, but also with the isolated institutions, nothing can be more fatuous than to talk about drug proving. The entire matter becomes a travesty unless we apply scientific methods to its investigation. Any laboratory of the kind connected with a first-class teaching institution should have a working endowment of at least $250,000.

And, naturally, the men working in such an institution must have the aptitude and training for work of this kind. A man who devotes himself to this work can seldom practice medicine and politics on the side, in addition to spending half of his time chasing a golf ball. And competent research men should receive something of an adequate compensation for their services. The opportunities in this line are getting plentiful enough, so that the only consideration under which efficient men can be obtained is by adequate remuneration.

Naturally, such organisation must have logical division. No one man can be an expert pathologist, bacteriologist, and biological chemist all in one. That day, like many others, is past.

It is a discouraging thing to attempt to raise money for a project of this sort even among men with a rich *clientele*. Many of them are so persistent in asking one why he does not accomplish this, that and the

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other thing, that while one cannot censure them, he often questions just how serious they are. So, unless institutions can furnish the essentials in men and money to carry out work in drug proving that will be at least semi-intelligent, they can never be expected to be taken seriously, at least in this very important respect.

Vague ramblings and dreams, and ruminations about drug proving never accomplished anything, and although this aspect of my paper has been placed last, it must be practically the *alpha*. Otherwise all the papers we read and all the talk we do, and all the beating of the air about the law of similars, will scarcely repay us for the energy we spend.

LETTERS FROM THE FRONT.

No. 5. 18*th November*, 1915.

DEAR DR. WHEELER,

I will endeavour to give you a rough idea of my daily life in the regiment. It won't be the pen picture of an author but it may be of interest. It is 9 a.m. Breakfast at 8 has been leisurely eaten. My medical orderly accompanies me and we set out. The morning "sick" in the reserve area have been seen. We proceed over huge boulders and evergreen scrub to a communication trench along which we go. This leads up and down hill, and as it winds about we get occasional glimpses of the enemy's trenches. A long distance bullet now and then hits the parapet of shale and sandbags and whizzes overhead with the peculiarly sad wail of a ricochet. Sometimes one lands unpleasantly near and occasionally finds a human billet. To the right the trench forks to join the support line trenches. A few graves near this testify to the sad and serious side of war. We turn to the left and climb more rock and scrub, it is *fairly* safe, though a long distance sniper, if he were an expert at his work, might hit you. As it is three or four bullets crack on the rocks near us. We go rapidly up and enter an advanced post on a hill. The "sick" are seen, tablets and tabloids given, and my orderly and I are just continuing

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our way when a stretcher bearer comes with a message. "Man hit, sir, just below here." I quickly follow to find a man hit through the head; the usual small entrance wound and a ghastly hole where the bullet has emerged taking with it the back of the skull. It is hopeless and he is dead in a few minutes. I then continue my way down across a none too safe area of ground to reach another portion of the firing line. There again the "sick" are seen and treated, and serious cases of illness are sent off to the Field Ambulance. From this elevated spot a lovely view stretches out. The sea in the background, plains of olive, fig and oak trees below, ridges of hills to the left and right. In the moment you forget a war is on, the glorious sunshine, the cloudless blue sky and birds flitting hither and thither all add to the picture. An aeroplane flies overhead. Crash! bang! bang! rapidly brings you back to the reality of things. The artillery are hurling their messages of death and destruction. A machine gun with its incessant tap, tap, occasionally breaks in. Rifle fire goes on day and night. My orderly and I then continue our tour. I then inspect cook-houses, and the sanitary areas of the support trenches, finally coming again to the angle where the communication trench joins up. As we go back an occasional snake, four to five feet long lies basking in the sunshine. A centipede or beetle crawls lazily across the path. Little brown lizards dart in and out of the shrub near, and very rarely a tortoise is seen lumbering along. The morning by this time has gone. The afternoon is spent in attending casualties, inoculating men against cholera and enteric, answering memorandums from various departments. On this particular day I am writing of, the Padre is holding a church parade in some big disused dugouts. It is a curious setting for a service. Above us an aeroplane hovers. To the left and right an artillery duel is going on. Above us the glorious blue sky now getting tinted with crimson and rose forms a canopy. Flocks of geese with their curious triangular formation fly southward, migrating before the approaching cold season. Amid the noise of bursting shells

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mingles the voices of men singing "Fight the good fight" and "For all the Saints." A few earnest words from the Padre and the service ends.

With the setting sun the darkness rapidly falls and men settle down to their duties. Those in the support lines have to supply men to go and fetch water and rations. This can only be done at night under cover of darkness. Other men go out digging trenches or improving existing ones. Later I retire to my dug-out and by the light of a candle write notes, read or answer official memorandums, etc. I have retired between the folds of my sleeping blanket and am on the verge of sleep when an explosion near by shakes the dug-out, sending pieces of earth over me together with flies from the waterproof overhead. I pull on my trench boots quickly as a man appears at the opening. "Will you come at once, sir, a man badly hit." I follow him up the trench for a hundred yards, or so and by the aid of an electric flash light find a ghastly mess. A large bomb from the enemy has burst and a piece of it has performed a complete laparotomy, and extrusion of abdominal contents. A nice case to dress in the dark! I send him away on a stretcher. I afterwards hear he lived for some hours. Back again to my dug-out and thus ends a typical day.

TEST OF MYOCARDIAL EFFICENCIY.—In the estimation of myocardial efficiency Schoonmaker (*Amer. Journ. of Med. Sciences*, Philadelphia, October, 1915, No. 4. pp. 469-624) says, systolic blood pressure and pulse pressure variations, together with changes in pulse rate in relation to posture and light exercise have positive value. Under the test described an increase in systolic pressure, together with a stationary or increased pulse pressure, is suggestive of fairly good myocardial efficiency. A decrease in systolic pressure, together with a decrease in pulse pressure, is suggestive of poor to bad myocardial efficiency. In these determinations Schoonmaker takes the pulse, systolic blood pressure and diastolic blood pressure with the patient reclining and fully relaxed; then he has him walk at his ordinary speed about seventy-five feet and repeat the test in the standing position. This exertion is not sufficient to cause such subjective symptoms as dyspnœa, palpitation or chest pain unless the heart muscle be much impaired. It should not do this. It is a postular test plus only sufficient exertion to mildly stimulate the cardio-vascular system.

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SOCIETY MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the session was held at the London Homœopathic Hospital on January 6th, the President, Dr. C. E. Wheeler, in the chair. After preliminary business, the President spoke of the death of Dr. Hilbers of Brighton, and of Dr. Gregg Custis, an Honorary Vice-President of the Society. Dr. Harris spoke a few words as a tribute to Dr. Hilbers and votes of condolence were passed in both instances.

Mr. T. Eadie, F.R.C.S., read a paper on a number of surgical cases, osteomyelitis, renal calculus, double empyema and cases wherein the appendix and a calcareous gland presented X ray pictures suggesting calculus. Mr. Clowes Pritchard, M.R.C.S., read a paper on the prostate gland, its anatomy and diseases and their treatment. The papers were well discussed by Mr. Dudley Wright, Mr. Johnstone, Mr. Granville Hey, Dr. Weir, Dr. Wynne Thomas, Dr. Powell, Dr. Sandberg, Dr. Goldsbrough and the President, and both Mr. Eadie and Mr. Pritchard replied.

SIMPLIFIED METHOD OF BLOOD TRANSFUSION.—Percy (*Surg., Gyn. and Obs.*, xxi., 3), describes a simple method, which consists of taking blood from the donor's veins and injecting it into the patient's veins. The instrument consists of a glass cylinder with a rubber atomiser pump attached at one end, and the other end has the glass drawn out to form a canula, which can be passed into the veins. The tube is cleansed by water, alcohol, and then ether, and when dry two ounces of melted paraffin is poured into the tube. The tube is then sterilised, wrapped in a towel, and then rolled round while cooling, so as to coat the inside completely with paraffin, and any excess can be allowed to run out. When being used two ounces of liquid paraffin is placed in the tube. This keeps the blood competely covered from the air and glass. In taking the blood, not more than five minutes should be occupied, and the same in giving it. If the blood does not flow fast enough for this two tubes should be used. Good results have been obtained; there were two deaths from hæmolysis out of fifty-four cases; both cases gave negative tests. The author considers it necessary to give 20 c.cm. of blood as a preliminary, which will indicate hæmolysis if it is to occur without serious sequelæ.—F.

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH DECEMBER, 1915, TO 15TH JANUARY, 1916.

GENERAL FUND.

Subscriptions.

	£	s.	d.
Miss K. A. Disney		10	6
Mrs. Paynter		10	6
Dr. C. Osmond Bodman	1	1	0
Messrs. Foster & Son	1	1	0
C. W. Rock, Esq.	1	1	0
E. W. Quartey Papafio, Esq.	1	1	0
Dr. P. Hall-Smith	1	1	0
Miss Dowsett		2	6
Mrs. Wallace Carter	1	1	0
Mrs. Charlesworth	1	1	0
Miss Laird	1	1	0
Ralph Callard, Esq.	3	0	0
Dr. H. J. W. Barlee	1	1	0
Miss Hooper		2	6
Mrs. George Smith	1	1	0
Miss L. M. Fowler	1	1	0

The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 11th January.

The usual Monthly meeting of the Executive Committee was held at Chalmers House on Wednesday, 19th January.

MENSTRUAL REACTION AND MENSTRUATION.—Novak (*Surg., Gyn. and Obs.*, xx. 3) from the study of the endometrium from a large number of cases where the menstrual histories were fully known, concludes that there is a cyclical histological variation in the endometrium at different stages of the menstrual cycle. The more profuse the flow the more marked the local hypertrophic changes, and *vice versa*. In anteflexion, hypertrophic changes are more marked than in association with other pelvic conditions, and this points to the scanty flow often noted as being due to some local deficiency rather than to ovarian inactivity. This may also explain the spasmodic dysmenorrhœa, the engorged mucosa acting as an irritant to the uterus and causing painful contractions. Sterility is possibly also due to some physiological rather than anatomical deficiency in the uterus.—F.

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EXTRACT.

KALI PHOS. IN THE AFTER TREATMENT OF ANTERIOR POLIOMYELITIS. *

J. FRASER BARBRICK, M.D., Los Angeles.

LAST September, shortly after my return from Europe, there came under my care a child, female, aged two years, who had one month previously suffered an attack of anterior poliomyelitis. Examination showed the little one weak, debilitated, restless and irritable; mucous membranes and whites of eyes showed an anæmic bluish cast; right leg helpless. Parents were alarmed and worried, looking forward to an invalid and crippled future for their baby as the least of the two evils that seemed to beset her.

After careful electrical tests showed no reaction of degeneration as yet in the muscles involved, I decided, if we all got busy, something might be done to at least modify the sequelæ, if not repair the damage that had already occurred. So I advised electricity—galvanic and faradic—massage, salt baths, fresh air, sunshine, outdoors, correct food, etc., trusting to these to do what might be done and giving no thought to remedial treatment except an iron tonic.

But, although treatment as above outlined was religiously carried out, I could see little or no improvement, and in watching and studying the case it dawned on me I had here in the bluish hue of the mucous membranes, the impoverished nervous condition evidenced by the general systemic debility, most of the indications as taught by Professor Willard in his lectures at the California Eclectic Medical College and as set forth by him in his articles in the *California Eclectic Medical Journal*, March, 1912, for *Kali phos.*

I at once suspended the chalybeate tonic and gave 3x *Kali phos.*, one dry on the tongue every hour when awake. The child took the little sweet discs very willingly and the parents were glad to be relieved of the task of giving the liquid iron compound, which

* *Californian Eclectic Medical Journal.*

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even in the most pleasant form possible could not be considered a palate tickler.

And now comes the astonishing part of it all—the results. In less than two weeks the change began. First, the peevishness, irritability and restlessness disappeared; the mind became bright, and the playfulness and mischief which had characterised her before her illness returned. Soon the leg showed evidences of increased strength, and a general and decided improvement set in which gradually continued until at present the child is the picture of health and apparently perfectly well, the only evidence left of the trouble being a slight difference in the size of the calves—that of the right leg being the smaller—and an inability to fully flex the ankle and the toes, except the great one which can be reasonably well extended, showing that the extensor group of leg muscles have fairly well recovered.

Of course, the treatment outlined at the beginning was and is still being continued, as is also the *Kali phos.* But I am satisfied that the beginning of the improvement so soon after starting the use of this remedy was not a coincidence, and am just as sure the splendid results gained were made possible by the patient and persevering administration of this tissue salt, which was administered because of the specific indications and used absolutely eclectically.

VERIFICATIONS OF *MERCURY*.*

DANIEL E. S. COLEMAN, PH.B., M.D.

THE chief interest *Mercury* possesses for our friends of the "old school" comes from its influence in syphilis. The question enters the mind of the true artist-scientist in therapeutics, the homœopathic physician, as to the modus operandi in this dread disease.

The provings of Hahnemann and others, together with the toxicology, prove it to be homœopathic to the stage of syphilis which it is capable of controlling. It is the so-called secondary symptoms upon which

* *International Homœopathic Review.*

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this method exerts its beneficent influence. All the symptoms of secondary syphilis, excepting iritis, are found in the pathogenesis of *Mercury*: Dejection of spirits, falling of the hair, enlarged lymph nodes, sore throat, pains in the long bones < at night, gray patches on the mucous membranes, and skin lesions.

In the beautiful illustrations found in Jacobi's "Dermochromes" one is unable to distinguish the syphilitic eruption from that produced by *Mercury*.

The following appears in Allen's "Handbook:" "The long bones are attacked rather than the flat ones (opposite to syphilis). The iris is never affected." The flat bones are attacked in the so-called tertiary stage in which *Mercury* does little or no good. Other remedies like *Aur. met.*, *Arg. nit.*, *Ars. iod. Asaf.*, *Fluor. ac.*, *Iod.*, *Mez.*, *Phytol.*, *Plat mur.*, *Staph.*, *Stillingia*, *Sulph.*, etc., will do more at this time.

Some years ago I cured a man suffering from deep syphilitic ulcers of the knee with *Nux vom.* 6x in which all routine treatment had failed for two years. I was led to this remedy by the general symptoms.

In the secondary stage the pains are in the long bones similar to *Mercury*.

That *Mercury* does not produce iritis is small argument against its homœopathicity. Iritis is not a constant symptom of syphilis, and if such were the case, it would be absurd to place one single missing symptom against the vast number of similar ones.

Mercury is not homœopathic to the primary stage of syphilis and therefore has no influence on the chancre. The *Mercury* ulcer is superficial and spreads at the periphery, resembling the chancroid, to which it is ideally homœopathic, a fact I have verified on many occasions.

Mercury acts beneficially only when the existing symptoms are similar. They are similar in the secondary stage. If it were the so-called "specific," why does it not produce results in all stages? The chancre finds a remedy in *Conium*, *Coral.*, *Rub.*, *Nit. ac.*, *Sep.*, *Sil.*, *Thuya*, etc.

Occasionally the symptoms of secondary syphilis point to some drug other than *Mercury*, among which

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are *Arg. nit., Ars. iod., Aur., Asaf., Carbo veg., Caust., Calatropis, Cordydalis, Cundurango, Hep. sul., Kali iod., Lach., Lycop., Mez., Nat. ars., Nat. mur., Nitric ac., Pet., Phytol., Sep., Sil., Staph., Still., Sulph.* and *Thuya.* In fact, any remedy may be indicated in which the symptoms resemble an individual case being treated. *Mercury,* or one of its combinations, is the great " sheet-anchor " in our treatment of syphilis, however.

Some years ago I had a patient whose chief expression of the disease consisted of numerous buccal and pharyngeal mucous patches, associated with marked cervical adenitis. He could not remember any skin eruption or chancre. Several specialists treated him for gonorrhœa, and he was finally discharged as " cured," and told he could marry. I think he had an urethral chancre. After telling him to cease matrimonial relations with his wife, I prescribed *Mercurius dulcis* on the indication given by the late Dr. Henry M. Dearborn : " If the mucous membranes are attacked out of proportion to the skin eruption." The pathogenesis of this remedy proves the homœopathicity. My results were most satisfactory. Later the symptoms resembled more closely *Merc. cor.* and this remedy was substituted. He never developed skin lesions, and the mucous patches of his mouth and throat entirely disappeared. Unfortunately, he had infected his poor wife, who developed the worst case of syphilis I have ever seen. I told her she had eczema. She replied that eczema was an awful disease or that I was " a darn poor eczematous doctor." Thus our reputations must suffer by the sins of the careless whom we try to protect from domestic scandal.

I had considerable difficulty in checking the disease in this patient. My first prescription was *Merc. pro. iod.* based upon the following symptoms : Right sided sore throat, skin lesion of modern depth, yellow coating at base of tongue. Later, the left side of the throat became affected and the cutaneous lesions involved the skin more deeply. I then gave *Merc. bin. iod.* The symptoms of *Merc. pro. iod.* approach those of *Mercury,* while in *Merc. bin. iod.* the symptoms

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resemble more closely those of *Iodine*. Therefore, the former is more apt to be indicated earlier in the disease.

Cinnabar is indicated when the symptoms take on a similarity to *Sulphur*. "Pain above the eye, extending from internal to external canthus, or runs around the eye < at night," is a characteristic I have observed a few times.

I prescribe *Mercury* or its combinations in the lower triturations often repeated in this disease, because I believe that in syphilis it is ordinarily more efficacious when given that way. I had an interesting experience with one dose of *Merc. pro. iod.* 10000th while serving as interne at the Metropolitan Hospital. Woman, æt. about thirty. Secondary syphilis; maculo-papular skin-eruption, ulceration of the throat < right side, characterised by intense pain, which made deglutition almost impossible, moist papules about the vulva and excoriating vaginal discharge. The treatment prescribed by her former physician, including medicated gargles and vaginal douches, proved absolutely futile. After receiving *Merc. pro. iod.* 10000th she suffered hardly any pain, could swallow much more easily, and the vaginal symptoms were ameliorated. To think that this dose had any more than a slight effect upon the disease would be to use the refrain from Gilbert and Sullivan's opera, "Patience,"—"preposterous! ridiculous! preposterous! ridiculous!" It takes years of constant medication with rather low attenuations to produce any degree of lasting benefit in this horrible scourge to mankind. The Wassermann reaction has added to our reluctance to pronounce a case absolutely cured, and the introduction of *Salvarsan* does not stimulate confidence in permanent results. While it is true that it will destroy the spirochætæ and palliate symptoms, acting in a similar manner to *Quinine* in malaria, relapses occur dispelling confidence in ultimate achievement.

My personal observations of patients in the late stages of the disease who have received *Salvarsan* injections are not encouraging; in fact, I have seen cases grow worse after each treatment.

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We have a better way :—prescribe a remedy whose pathogenesis resembles the symptoms of the individual case we are treating. *Mercury*, or one of its combinations, is the similar remedy in the great majority of cases of secondary syphilis.

The mouth symptoms of *Mercury* are very characteristic : Swollen, spongy, receding, bleeding gums, swollen flabby tongue taking the imprints of the teeth, tongue coated at base, salivation and offensive odour. These " leaders " I have verified many times. Alveolar abscess, characterised by aggravation at night, has often yielded to its magic influence in my hands. Great thirst with moist mouth is a peculiar " keynote," the value of which I have proved.

The throat symptoms are of the utmost importance : Dryness, pain on swallowing, salivation, enlarged lymph nodes, dark red colour of the mucous membranes, and superficial spreading ulceration. We all know what *Mercury* can do in tonsillitis and quinsy. If given early in a high potency, it will abort the formation of pus, but if pus has already formed suppuration and evacuation will be hastened by the administration of a low trituration.

Coryza, characterised by thin mucous excoriating discharge, later becoming thick and more bland ; creeping chilliness ; profuse perspiration aggravating all the symptoms ; diarrhœa or dysentery with persistent tenesmus or a " never get done " feeling ; eye symptoms < from light of fire ; stitches through lower lobe of right lung to back, < lying on right side ; trembling of extremities, especially hands ; aggravation of all symptoms at night, especially from the heat of the bed, are a few of the oft repeated verified characteristics. Time does not permit of my dwelling upon them individually or adding more.

The wide experience in the treatment of ulcers obtainable at the Metropolitan Hospital proved to me the great superiority of the homœopathic remedy in these often rebellious lesions. *Mercury* played an important therapeutic part. The *Mercury* ulcer is superficial and spreads at the periphery. I remember prescribing this remedy in the 30th potency for an old

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lady who was suffering from such an ulcer on her arm. She had contracted erysipelas through the denuded surface. The erysipelas was promptly cured and the ulcer rapidly healed.

I have had five cases of *Bichloride of Mercury* poisoning in my ward at the Flower Hospital, two during my last service and three this month. All recovered promptly. *Hepar. sulph.* was prescribed for the two cases on my former service.

Following is a short description of the three cases this month :

Case 1. Female, æt. 19. Took two 7½ gr. tablets. Vomited one in fifteen minutes. *Hepar sulph.* 2x q.l.h. prescribed by Dr. Goodman. No symptoms developed. Discharged in five days.

Case 2. Female, æt. 38. Took two 7½ gr. tablets. *Hepar sulph.* 2x q.l.h. prescribed by Dr. Goodman on admission. Next day I prescribed *Nitric acid* q.l.h. about the 3x, run up in water, on the characteristic tongue symptom : Deep irregular-shaped ulcers on edge of tongue with burning pain. Her symptoms disappeared rapidly and she was discharged cured in six days.

In the preparation of my potencies of *Nitric acid* I used distilled water until I reached the 9th. For the 9th I used dilute alcohol and for the 10th, 11th, and 12th, 87 per cent. alcohol. After the 12th, 87 per cent. alcohol, I keep the 10th, 11th, 12th, 28th, 29th and 30th. If I wish to use *Nitric acid* now, I prepare it fresh with distilled water, as alcohol is harmful.

Case 3. Male, æt. 36. Took 40 grs. of *Bichloride of mercury* and recovered. An emetic was promptly given and he expelled the greater part. Patient not in my ward so cannot give treatment. Dr. Goodman told me that he prescribed *Jaborandi* 3x for the excessive salivation with marked success.

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HELODERMA HORRIDUS IN CEREBRAL HÆMORRHAGE.*

By G. Raye.

Mrs. L., wife of a local homœopath æt. 51, while attending to household duties one morning was taken ill with apoplexy. She fell down suddenly, complained of pains in the head, vomited undigested food, lost motion, consciousness and sensibility and gradually became comatose with stertor. Pulse was full, and temperature 98.8°. It was noticed also that paralysis affected the left side. *Glonoine* was given and pains seemed to have subsided. Information was sent to me but I was out of the town. She was in the afternoon placed under the treatment of a "regular." His diagnosis was uræmia, and his prescription contained, among many other things, *Pot. iod.* and *Mag. sulph.* in very big doses. Ice was applied to the head without intermission. Enema relieved the bowels every alternate day and catheter the bladder every twenty-four hours. Feeding was done by tubes. Ten days elapsed in this way without doing her any good. When I saw her the following symptoms were present: Pulse full and slow; temperature 95°; occasional consciousness; constipation; stool soft, dark and putrid; gurgling and rumbling in bowels; retention of urine, specific gravity 1030; intense pain over right temporal bone, whole right side affected, producing numbness down left side of the body; violent pain at the back of the head; the arm more paralysed than the leg; jerking of the legs; burning in soles, had to put them out of bed; violent itching all over the body in night; restlessness whole night; cold sensation creeping down body and legs; most of the symptoms came in the night waking her from sleep; lasted all the rest of the night, and she could get no more sleep; they passed off by the morning and she felt no more of them; quiet whole day, sometimes sleeping, sometimes unconscious.

It is incomprehensible why the "regular" diagnosed it to be a case of uræmia when hemiplegia was well

* *International Homœopathic Review.*

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marked from the beginning. He had, however, to change his opinion afterwards and declare her suffering from cerebral h morrhage. I suggested the administration of *Crot. oil* as *Mag. sulph.* had failed to produce the desired effect even in very big doses; but he declined to do it on the ground of one authority having codemned it. However, he was allowed to have his own way and treated her in consultation with two others of the old school till the end of the second week, but unfortunately without any improvement. Her husband, therefore, took up the case himself and consulted me because she was not aware, as he said, of any medicine having the said kind of pains in the head. All the symptoms mentioned above were still present. I suggested *Helodorma hor.*, and it was given in the 200th potency. It acted like a charm. Pains subsided; bowels moved; urine passed as freely as usual; sleep became undisturbed; temperature became normal; in fact, on the third day she had nothing but hemiplegia and occasional jerking of the lower limbs. To remove the last named symptom he gave, in spite of my protestations, *Zinc.* 200, in alteration with *Helodor hor.* which I think disturbed the action of *Hetod. hor.*, as some of the old symptoms reappeared. He then gave in alternation *Zinc.*, *Glon.*, *Gels.*, and what not I do not know, for he is very fond of giving even two, three, or four medicines alternately. Progress was retarded, and I withdrew myself from the field as I have a great hatred for routinism and exhibition of medicines alternately whatever their number may be, two, three, four or more.

WOUNDS.—Wounds bleed freely (even slight ones): *Arnica*, *Carbo veg.*, *Hamam.*, *Hydras.*, *Kreos.*, *Lach.*, *Phos.*, *Sec.*, *Sulph.*, *Zinc.* Slow to heal: *Bar-carb.* (dwarfish in mind and body); *Borax* (dread of downward motion); *Calc. carb.* (chilly, chalky skin, easy perspiration), *Cham.* (cross, one cheek red, wants to be carried), *Graph.* (eruptions behind the ears, discharges gluey), *Hepar* (perspires day and night, small wounds fester easily, sour odour), *Lach.* (sensitive to touch, left side, agg. in spring, agg. aftre sleep), *Nitric ac.* (splinter pain), *Petr.*, *Silica* (prolonged suppuration, chilly, takes cold easily), *Sulphur* (odour persists despite washing, generally dirty).

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CORRESPONDENCE.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—Since my attention has been recalled to Homœopathy I have found the book my father used when treating his children for minor ailments. It is called "An Epitome of the Homœopathic Domestic Medicine, intended to serve as a Guide to those who are desirous of commencing the Homœopathic Treatment in family practice," by I. Laurie, M.D., dated 1854.

In his introduction he says, "The principal points we have to notice in this part are—the diet and regimen to be observed under treatment—clothing and habits—and the administration and repetition of the medicines."

Under "Diet," he says, "It is always advisable, particularly in cases of deranged digestion, and in diseases of a nervous character, to enjoin as strict attention as possible to the rules laid down, from the circumstance that an opposite course is calculated to aggravate the maladies in question, and thereby impede the curative process in no inconsiderable degree. Whilst unwilling to deny the rationality of such rules, the opponents of Homœopathy have, at the same time, made use of them as a means of detraction from the exalted merits of the science itself, by attributing the cures effected wholly to the observance of diet." The fact that my father, who was treated homœopathically for Psoriasis, and got quit of it for a time, discovered that he could get quit of it by attention to diet alone, without any drug, seems to point to the correctness of the conclusions arrived at by the early opponents of Homœopathy; but, if they were honest, and really believed that diseases could be cured by attention to diet alone, why did not these early opponents practise the dietetic treatment of disease, instead of continuing to use their drugs, as they had been doing?

Since, after long and sad experience, in my own case, I have discovered that it was my way of living

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that had caused me to break down in health, and since have changed my way of living, and, so far as possible, restored my health and vigour I am quite sure, that when we know as much about the physiological action of foods, as we do about that of drugs, no drugs will be needed to cure any curable disease. I may not live to see food entirely displace physic; but, if any of your readers have a case in which they have failed to effect a cure, can persuade the patient to submit to my diet and regimen, under my personal supervision, I will be glad to let you know the result, for it is only by well observed facts that reasonable men will be convinced.

I am, etc.,
JOHN HADDON, M.D.

Debholm, Hawick, Scotland.

January 11th, 1916.

VARIETIES.

SYMPHYTUM.—*Symphytum* is a remedy to facilitate union of fractured bones by favouring the formation of callus, particularly when delay of union has nervous origin. The attending pain at seat of injury is a peculiar pricking, stitching pain. *Symphytum* is used for: Blows upon the eye by a snowball; a jab into the mother's eye by an infant; a knock or contusion of eyes from an obtuse body inflicting a bruise. Further, it will relieve the irritability of stumps after amputation, and banish the periosteal pains remaining after wounds have healed.

A CASE OF BALANTIDIOSIS TREATED BY EMETIN.—Axter-Haberfeld, of Bello Horizonte, BRAZIL (*Munchen. med. Wchenshr.* No. 5, 1915) describes the case of a woman aged 60, who had suffered from severe diarrhœa for four months. All remedies had failed to stop it. She had about a dozen watery evacuations daily, which always contained pus and blood. She was very emaciated, but free from fever. The author at first prescribed *Uzara*. After a week she called again and said the number of the stools had been less and the blood had disappeared, but otherwise her condition was unchanged. The microscopical examination of the fæces revealed the presence of the balantidium coli. As the author happened to have at hand 0.25 gm. of Merck's *Emetin* for trial, he injected 0.03 gm. of it subcutaneously. The result was striking: within the next twenty-four hours the patient had only one evacuation of the bowels. The treatment was repeated daily with a similar result. The motions became

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firmer, and the pus disappeared. After the third injection no more Balantidii could be found, either mobile or immobile. When the 0.25 gm. of *Emetin* had been injected the patient was discharged cured and has remained so. The only disagreeable by-effect was an itching eczematous change in the atrophic skin at the place of injection, about the size of a shilling. The author recommends the trial of this treatment to his colleagues in tropical countries, so that we may know for certain if *Emetin* really possesses a specific action against the balantidium as this case appears to show.

ACTION OF VERATRUM VIRIDE.—From Cramer's experiments (*Journ. of Pharm. and Exper. Therap.*, Baltimore, July, 1915, Nos. 1-2, pp. 1-224) it appears that *Veratrum viride* in small doses has a selective action on the afferent (pulmonary) nerve endings of the vagus. In cats it thus produces reflexly slowing or stoppage of respiration and a fall of blood pressure due to vasodilatation. As a rule there is, in addition, a marked slowing of the heart beat produced reflexly through vagus inhibition, but in cats this effect is sometimes absent. These effects of small doses are dependent on the integrity of the vagus nerves. The drug after having stimulated the afferent nerve endings of the vagus, paralyses them so that a second or third dose is without effect. With larger doses the drug, in addition to the effects just mentioned, paralyses the cardio-inhibitory nerve endings of the vagus and has also a direct action on the medullary centres leading to vaso-constriction and to paralysis of respiration. These additional effects are not dependent on the integrity of the vagus nerves. Since large doses of the drug have so many diverse and partly antagonistic actions, the general result of a large dose of *Veratrum Viride* is very complex and irregular. The manner in which *Veratrum viride* acts reflexly on the medullary centres leads to the conclusion that impulses arriving at the respiratory centre can be communicated to the vasomotor centre and to the cardioinhibitory centre, and that a central connection exists between these medullary centres. The question whether *Veratrum viride* owes its action to *Veratrin* or to *Protoveratrin* or to another akaloid is discussed and left undecided. It is pointed out, however, that in the light of the present observations the pharmacological action of *Veratrin Protroveratrin* requires investigation. *Veratrum* is therapeutically valuable as in suitable doses it affords a means of producing a lasting-vasodilatation through acting reflexly on the vasomotor centre.

PARATYPHOID.—From the discussion at the Royal Society of Medicine on November 9th and 23rd, paratyphoid emerges as an ill-defined clinical entity susceptible to bacteriological diagnosis by not very difficult means. In France, where so far it has been most accurately studied, some 1,200 cases have occurred up to date, with a case-mortality of 1.5 per cent., or approximately one death per regiment. It is transmitted by carriers, probably among the civil population, and careful

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work amongst the poor Belgian refugees has practically eliminated the disease from the Ypres district. Possibly the foreign troops may also have had to do with bringing it, as India and Ceylon are centres for the infection. The clinical diagnosis from typhoid is not always possible, but in general paratyphoid is a milder and shorter disease, and a sudden onset with shivering, abdominal pain and aching limbs, without abdominal distension, and with an eruption, when it appears, of large and palpable spots, speaks strongly for paratyphoid. Bradycardia, too, is very characteristic, especially so in the extreme form, with a pulse-rate below fifty at a time when the temperature has just fallen to normal. As the appearance of the eruption may be delayed, it may coincide in time with the bradycardia. In cases of some duration, paratyphoid has to be distinguished from chronic dysentery, and here bacteriological tests may be necessary. The Widal-Gruber serum reaction is conclusive in its results and serves to divide enteric fever up into its three component parts of typhoid, paratyphoid A and B, as well as to separate off a group of mild febrile cases resembling dengue, but not actually dengue, for which a name is still lacking, although by common consent it is the disease which should *not* be called trench-fever. How paratyphoid is conveyed from patient to patient is still a matter of conjecture, but suspicion rests for the moment more strongly on the mosquito than on the louse. Finally, the credit of the first description of the disease in 1896 lies with Achard of Paris.

Sulphate of Copper in the Treatment of Cancer.—A communication from Dr. L. Manara, of the Casalmaggiore Hospital, was published recently in *Il Policlinico*, in which he claims to have effected a complete cure in a case of uterine cancer by *Sulphate of copper*. The case is related in full and illustrated by seven photogravures of the microscopical appearances of portions of the cervix removed at different times for examination, from preparations made by Dr. R. Lambri, of the Institute of Normal Anatomy in the University of Parma. The case is thus removed from the category of so-called "reported cures," and consists of as many details as possible which in the absence of the patient are available for criticism of the value of the therapeutic measures adopted by the author. The patient, aged forty-nine, suffered from metrorrhagia and offensive purulent discharge and was found to have a cauliflower excrescence of the cervix uteri, and on August 17th, 1914, daily intramuscular injections into the gluteal region of a one per cent. ammoniated solution of *Sulphate of copper* were commenced. The exact formula is not given, but the effect is thus described. On the fifth day the bleeding entirely ceased, the patient felt better, and appetite and colour returned. Early in September the cervix uteri was observed to be larger than before, but the cancerous granulations were rosy instead of turgid, less prominent, and secreted a large quantity of whitish creamy pus, inodorous, rich in mucus, and free from any trace of blood.

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This pus, examined without staining under the microscope, showed a dark network of metallic lustre of a red mahogany colour, which the author declares to be suboxide of copper precipitated by the glycogen of the cancerous cells, which the calls "cuproglycogen." When the cover-glass smear of this pus was mounted in balsam, the network was broken up and the cuproglycogen collected into larger or smaller rings or into a mass. Even in fresh smears of pus stained with hæmatoxylin and eosin and mounted in xylol the cuproglycogen was readily distinguishable by its characteristic colour and retraction outlining the cancer cells, forming small rings and bn dles in ther protoplasm and nuclei. If the smears were treated with an aqueous solution of sulphuric acid and examined, the cuproglycogen was found to be transformed into oval masses of various size and needle-shaped crystals of the characteristic colour of verdigris. After the injections had been continued every other day until September 20th the cervix uteri was seen to be still large, the os presented the appearance of an ordinary erosion with inodorous pus, the cervical canal which was previously occluded by vegetations was pervious, and the mucous membrane growing over the os. A fragment removed for examination showed a mass of fibrous tissue with remains of cancer cells in process of attack by the copper. By October 10th, the body and neck of the uterus had diminished in size, the os had become smooth, and by January 10th, the uterus seemed to be cured and a fragment removed with hardly any bleeding showed that the os was now covered with pavement epithelium, under which were the remains of glandular tubules of the cervical mucosa of normal appearance scattered in a thick layer of cicatricial fibrous connective tissue. Weekly injections were then given until the end of April, when the patient was discharged in good health, the cervix had completely cicatrised and the uterus was of normal size and mobility. The author's summary is that the *Sulphate of copper* introduced into the organism is reduced and precipitated in the form of suboxide by the glycogen of the neoplastic cells. These lose their vitality because by the caustic action of the suboxide their protoplasm and nuclei swell up and dissolve into an amorphous mass. Thus the development of the meoplasn is arrested and transformed into a benign afebrile inflammatory process which resolves by suppuration if open externally or is reabsorbed by phagocytosis if closed and repair ultimately ensues by cicatrisation.

Foot and Mouth Disease in Man.—We have recently referred to the prevalence of foot and mouth disease in England in 1914.* All attempts to cultivate the microbe have failed; it belongs to the class of ultra-microscopic or filter-passing viruses. Being highly contagious, the disease is readily communicated from animal to animal. Occasionally it is communicated to man, usually by the milk of infected cows, some-

* *The Lancet*, October 30th, 1915, p. 984.

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times by inoculation. As cases do not often come under medical observation the following typical case is of interest. It is recorded in the *Johns Hopkins Hospital Bulletin* for October, by Dr. P. W. Clough. In the article referred to the symptoms present in animals are given. This case completes the description of the disease by a picture of it in man. The patient was a medical student, aged twenty years. He had been in regular attendance at the Johns Hopkins School since October 1st, 1914, and had been in the country only on one day, December 24th, when he went to Washington, D.C. He had not been in contact with any animals and had drunk no milk, but had eaten butter and used cream with coffe. No case of a similar nature was known in his boarding house or in the neighbourhood. His illness began on December 25th with burning and soreness of the feet. On the following morning, he noticed a dry taste in the mouth, "like alum." This rapidly increased to a painful burning sensation, and the throat became very sore. The toes became more painful, tender, red, swollen, and numb. He was admitted to hospital on the night of the 26th. On examination he was a robust man with a temperature of 99.8° F., and a pulse of 100. The glands at the angle of the jaws were palpable. The spleen was not felt, but became palpable on the tenth day. The tongue was moist and coated. The mucous membrane of the mouth was rather dry and red. The pharynx and tonsils were deeply injected, as were the posterior portion of the soft palate and the cheeks, especially along the lines of closure of the teeth, where there were several small slightly elevated areas of exudate, 1 to 3 mm. in diameter. The posterior pharyngeal wall and tonsils were covered with a thin layer of greyish mucopurulent exudate, readily removed with a swab. The toes and feet were swollen, deep red, and tender as far back as the metatarso-phalangeal joints. Smears from the throat showed no fusiform bacilli or spirilla, and cultures for diphtheria were negative. On December 27th, the stomatitis had much extended. The inner surfaces of the cheeks and lips, the ventral surface and margins of the tongue, and the grooves between the tongue and gums and between the gums and teeth were involved. The mucous membrane was intensely red, raw and very sore. There were numerous small slightly elevated, yellowish areas 2 to 5 mm. in diameter, which in places coalesced to form areas 1 to 2 cm. in diameter. There was marked salivation. By the fourth day the process had extended to practically all the visible mucous membrane of the mouth, and there were minute vesicles or pustules on the tongue. The lips were very red and cracked and showed several large flat pustules. On December 28th, an eruption of papules 3 to 5 mm. in diameter appeared on the palms and backs of the hands surrounded by erythema. Later some of these developed into vesicles or pustules. Vesicles and minute petechiæ also formed on the soles. After the seventh day the eruption subsided and was followed by desquamation. By the tenth day the stomatitis began to diminish. The patient was discharged on the thirty-third day

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with reddish blotches on the hands and some desquamation of the palms. The treatment consisted of mouth washes of *Potassium chlorate* and *permanganate*, and skin lotions to relieve the itching. The clinical picture corresponded to that of foot and mouth disease and to that alone. At the time the disease was present in cattle in the neighbourhood of Baltimore, and infection by means of milk or cream was possible.

THE HEALING ART IN ANCIENT EGYPT: A NEW PAPYRUS.—The history of ancient medicine has had the misfortune to lose what probably would have proved one of the most interesting records of the commencement of the healing art in ancient Egypt. The work was contained in a papyrus, whose script is of the second century A.D., of which a considerable piece has been preserved and has just been pnblished by the Egypt Exploration Fund, although unfortunately the larger part has perished. Originally the manuscript related the history of the first celebrated practitioner of Egypt, whose fame was such that he was subsequently deified—Imouthes, or Imhotep, who without any adequate reason was by the Greeks identified with Asclepius. The deification of a person, other than a Pharaoh, was very unusual, but it carried was out by alleging that Imhotep was son of the god Ptah, but his mother, wife, and other relatives ordinary mortals, He was a combination of sage, physician, and sometimes architect, who seems to have lived in the early era of the third dynasty, as has previously been more fully explained in our columns. The new-found papyrus is a curious document of some importance for the early story of medicine and its connection with alleged marvellous cures during incubation in the Ascelpia. The author of the text states that the purpose of his work was chiefly to give a paraphrase of an ancient papyrus concerning Imouthes, whom he subsequently calls Ascelpius, son of Hephaestus. This old papyrus, itself a copy, was found in a temple of Imhotep at Memphis in the time of King Nectanebo, an incident previously told us in Egyptian records. The new story now carries back Imhotep worship to the remote time of Mycerinus, builder of the third pyramid at Gizeh. There can be little doubt that the document used by the writer of the new-found Greek text was one of a kind very common in Egypt—a story concocted for the purpose of proving that certain priests possessed the hereditary right to various temple functions. The composer of it worked up the story of Imhotep from the record found in a temple, with the object of showing that he was the proper person to hold the office of priest of Imhotep, with power to bequeath that position to his posterity.

The value of the multilated manuscript, now first edited, lies in the light it throws upon Imhotep-Asclepius worship at the commencement of our era. The writer says that he had resolved to honour Asclepius by translating into Greek the old Egyptian work he had before him, but he feared he might do it imperfectly and so fail to make the rectial a proper panegyric

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of the deity. He intended waiting until old age approached, when increased knowledge and experience would better equip him for the task. Three years elapsed, and his mother was then seized with a quartan ague. Her friends came seeking remedy at the temple, and the god showed himself favourable in dreams, cured the lady by "simple remedies," for which mother and son rendered due thanks by sacrifices. Subsequently the author became ill himself. The malady came on with pain in the right side, a violent fever burned him, and he was convulsed with loss of breath and coughing, which proceeded from the pain in the side. He hastened, accompanied by his mother, to the shrine and lapsed half unconscious into sleep. The mother, wide awake, suddenly perceived a vision. A being of super-human stature, clothed in shining raiment and carrying a book, regarded the patient intently from head to foot and then vanished. When she had recovered from the surprise of the vision the mother woke up the invalid, to find that the fever had departed, leaving a profuse perspiration. When the invalid spoke it was to recount, as a dream, all that his mother had witnessed whilst awake. The pains "in the side" soon ceased, the god having given him "an assuaging cure." The couple then set about expressing their gratitude by the customary sacrifices and, it may be presumed, donations. Asclepius, however, notified that such were not the recompenses and evidence of gratitude he required. He wished the fulfilment of the promise made years ago to re-edit in Greek the ancient Egyptian book. Our author therefore says that since the Divine Master regretted the non-composition of the divine book invoking his providence and filled with the story of his divinity and inventiveness, he set about the dutiful task in the following manner:—

Throughout I have filled up defects and deleted superfluities. Hence, Master, I conjecture the book has been completed in accord with thy favour, suiting thy divinity. As the discoverer of this art, Asclepius, greatest of gods, thou hast the thanks of all men. For every sacrificial gift or votive offering presently perishes, but a written record is an undying meed of gratitude renewing its youth in the memory. Every Grecian tongue will tell thy story and every Greek worship Imouthes. Assemble all, who by serving the god have been cured of diseases, ye who practise the healing art, ye who have been blessed by great abundance of benefits! For every place has been penetrated by the saving power of the god.

The text then for a few lines proceeds to recount the history of "Asclepius, son of Hephaestus, and the manner in which Asclephius (Imotep) told Mycerinus to busy himself with the tomb." These last words of the papyrus evidently are leading up to an account of Imhotep's warning to the Pharaoh, by means of his medical skill, of approaching death.—*Lancet.*

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TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Ambulance for Boy Scouts. How to Gain the Badge. By an Ambulance Instructor. Cr. 8vo, swd., pp. 28. (Brown. Net 1d.).

Birdwood (G. T.). Clinical Methods for Students in Tropical Medicine. Foreword by Sir James Roberts. 2nd ed. 18mo. (Thacker. Net 3s. 6d.).

Boardman (Mabel T.). Under the Red Cross at Home and Abroad, with a Foreword by Woodrow Wilson, President. 8vo, pp. 334. (Lippincott. Net 6s.).

Buchanan (A. M.). Manual of Anatomy, Systematic and Practical, including Embryology. 3rd ed. 8vo, pp. 1756. (Baillière. Net 21s).

Pope (Amy E.) and Thirza (A.). A Quiz Book of Nursing for Nurses. With 135 Illus. 2nd ed., revised and enlarged. Cr. 8vo, pp. 506. (Putnam. Net 7s. 6d.).

Pope (Amy A.) and Thirza (A) A Quiz Book of Nursing for Teachers and Students. 2nd ed. Cr. 8vo. (Putnam. Net 7s. 6d.).

Thomson (Arthur). A Handbook of Anatomy for Art Students. With numerous Illus. 4th ed. 8vo, pp. 484. (H. Milford. Net 16s.).

Warwick (F. J.) and Tunstall (A. C.). Questions on First Aid to the Injured and Sick. 18mo, swd., pp. 42. (John Wright. Net 6d.).

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Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

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LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. R. Day, London — Dr. Sandberg, London—T. Kelsey, Esq., Leamington — Dr. Cash Reed, Liverpool.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

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THE

HOMŒOPATHIC WORLD.

MARCH 1, 1916.

SPRING.

SPRING comes to us early this year. Weeks before one dared expect it, green buds and snowy plum blossom, the rosy peach and almond flowers proclaim the end of winter. Cold winds and snow and frost have followed, but it is impossible for the heart not to leap up to greet this early promise of sunshine and draw from it a presage (ah! may it be so!) of an early end to the dark night of warfare and the beginning for the world of peace and brotherhood. But however we may hope, as yet we have to struggle and endure, and reason forbids the smallest relaxation of effort whatever dreams may come to solace the time of waiting. There are already few untouched by the grief and loss and pain that have fallen on the nation through dear ones dead and maimed. For all this suffering Spring seems but a mockery of fairness; yet in courage and steadfastness and devotion is beauty beyond expression, and sorrow strongly borne for those who gave their lives with clear-eyed simplicity of purpose may find in the loveliness of the months of blossom a symbol of a beauty that need never pass away, being rooted in things eternal, in faith and hope and love.

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NEWS AND NOTES.

A Daniel Come to Judgment.

(From the N.A.J.H.).

In the course of an address on Medical Education, Bernard Francis McGarth, A.B., M.D., Professor of Experimental and Junior Surgery, Marquette University School of Medicine, Milwaukee, Wis., uttered the obvious truism that "the departments of the medical course should be comprehensive in number and character." Failure to offer such educational facilities to medical societies has led to "much disorder, disorder in the regulation of the practice of medicine, disorder in the ranks of the medical profession itself." "The practices of various sects, which are dignified with the name of schools, are based upon nothing else but essential parts of the science of medicine which have been neglected in medical education." "We know that when a body is the victim of invasion by an injurious agent, two principal sets of phenomena result, namely, (1) a series of specific pathologic processes; (2) a series of specific protective processes. Hence, the agent which causes the disease stimulates at the same time specific efforts on the part of the body to cure itself. Therein lies nature's indication as to the method of scientific treatment. In a certain sense, then, the dictum, 'similia similibus curantur,'—like cures like—is true, and it would seem that in this observation of nature's plan a special school might have had its origin. Thus we see the possibility of a special school of medicine being unscientifically erected upon the tardiness of our own scientific advancement."

This is encouraging as far as it goes. It is to be hoped that, having found this homœopathic principle sound to the degree above mentioned, the professor and his *confrères* will feel encouraged to investigate further to determine whether the principle may be sound in the wider range indicated by Hahnemann, namely that the reaction of the human system to a drug can cure the similar reaction of the human system to any disease-producing agent

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A man of greater eminence in the profession, one of international reputation, has not hesitated to pay a deserved tribute to Hahnemann. In the course of some introductory remarks at a session of the Clinical Congress of Surgeons held in Boston recently, Dr. Charles Mayo is reported to have said: "Hahnemann was the greatest scientist of his age, living eighty years ahead of his time. He was investigating and researching in medicines and their effect upon human tissue. We are investigating bacteria and their effect upon animal tissue. We are proving the correctness of the law, similia similibus curantur, as enunciated by Hahnemann." At one session of the eye and ear specialists attending the Congress, the chairman of the meeting, discussing a proposed treatment for hay fever, said: "The treatment, gentlemen, is obviously homœopathic."

Research Work.

The American Institute, the most important body of homœopathists in the world, has formulated the following suggestions for Research Work. Our readers will, we hope, be stimulated to see if they cannot contribute something to this most desirable task, although our circumstances here are less favourable. Still we should not leave it all to our American colleagues.

The law of similars would be more probable to the scientific world if any of the following questions could be answered affirmatively.

First: Can diseases having a known etiology, and which are cured by the development of immune substances, be actually prevented by the administration of similar remedies?

Second: Can the physical changes produced by disease be duplicated in healthy animals by similar remedies?

Third: Can actual immunity be established in animals in sufficiently large numbers to leave no doubt?

Fourth: Do chemical substances other than proteins excite the production of actual immune bodies?

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French Homœopathy in War Time.

Our colleague, Dr. Barlee, takes us to task for saying that the Neuilly and Petrograd Hospitals are the only "homœopathic" war hospitals. We were of course aware that much work was being done by homœopathists, but wrote in the belief that it was so mingled with that of non-homœopathic colleagues that our distinctive name was likely to be overlooked. Dr. Barlee, however, assures us that the Hôpital St. Jacques, Hôpital Hahnemann, another at Le Mesnil St. Denis and Hôpital No. 50, at Rubelles près Melun are all not only in the hands of homœopathic physicians exclusively, but known to the public as so controlled. We are delighted to hear it, and at once congratulate our French colleagues on their activity and labour, and apologise for even seeming to have overlooked them. We trust nevertheless that England and America will also keep a homœopathic hospital in being. We cannot have too many.

The Gluzinski Test for Ulcer of the Stomach.

This test consists in comparing the free *Hydrochloric acid* found after giving an "Ewald" meal (dry biscuit and water) with that found after a similar second meal to which some lean underdone beef is added. Normally the amount should be less for the second meal, but when an ulcer is present there is a marked increase of HCl. for the meal containing the meat. If symptoms are due to the presence of a diseased appendix there is no such HCl. increase.

Pertussin.

By the kindness of Dr. E. A. Neatby, we are able to publish the following. Its bearing on the Homœopathic nosode of Dr. Clark (Coqueluchin) is obvious.

Précis of Interview with Dr. Rudolf Kraus, Published in "La Razon," Buenos Aires, 9th November, 1915.

A New Treatment for Whooping Cough.

"Considering that the Bordet Gengou bacillus might have only a secondary importance, such as that of influenza in measles or streptococcus in scarlatina, I conceived the idea that

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the specific agent in whooping cough might be a filtrable virus or some other microbe."

He therefore treated fresh sputa by washing and addition of ether, and shook it up by machine for three or four days, then evaporated the ether and submitted the homogenised sputa to sterility test in nutritive media and the body of animals. It was then used for subcutaneous injections. These proved innocuous, caused no local reaction, and from the second or third injection diminished the number of attacks besides modifying them. Vomiting gradually disappears, and under continuance of the treatment the cough is reduced to simple catarrhal cough, which in ten to fourteen days likewise disappears in some cases. The physicians who followed the treatment in the three hospitals where it was tried are unanimous in regarding it as superior to any treatment by medicine.

Further studies are required with a view to isolating the curative elements of the sputa, and the different bacterial species contained therein, and to investigating whether the curative action is in the bacteria or in the filtrate deprived of them. So far it seems demonstrated that the Bordet Gengou bacillus has probably nothing to do with the treatment: it is only present in early stages. A prophylactic influence appears to be exercised. It may be that a similar kind of curative medium would be found effective for measles, scarlatina and other infectious diseases.

New Maternity Building at the Massachusetts Homœopathic Hospital.

This new building has been given through the generosity of Mr. Wallace Fulham Robinson and is named the Jennie M. Robinson Memorial. The hospital dates from 1855, but did not begin to establish a maternity ward till 1897. Since then the work has grown till last year 1,162 obstetrical cases were admitted. This new building increases the beds available from fifty-four to seventy, and as it is the last word in construction and equipment we can most heartily congratulate our colleagues on this notable addition to their resources.

Hamamelis virg.—*Hamamelis* is called for when there are sore, bruised pains in the affected parts, due to dissecting, incised, lacerated, contused wounds with much bleeding. The remedy checks the bleeding, removes the pains and promotes rapid healing. One of our valuable hæmorrhagic remedies. Often required for profusely bleeding hæmorrhoids: with burning soreness in rectum, sensation as if back would break.

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ORIGINAL COMMUNICATIONS.

THE SEA-WATER DISPENSARY: OPENING OF NEW PREMISES IN EUSTON ROAD.

By Dr. George Burford,

Consulting Physician to the Institution.

In 1911, the Quinton Policlinic—as it was then styled—was opened in London by the generosity of Mr. Otto Beit, who subsidised the Institution then and in succeeding years by grants amounting to £5000. All will recall the *furore* in the Daily and Medical Press which accompanied its work during the heat wave of 1911, relative to the epidemic of gastro-enteritis in children which was then raging. The death rate in London alone rose from 158 the last week in July to 537 the first week in September, in children under two years. The success of the newly introduced treatment was too spectacular not to be blazoned abroad in the public press; and this *mésalliance*, through no defect in the values of the remedy, brought about a certain hesitancy in its immediate reception by the medical profession. But treatment by Isotonic Sea Water was too valuable for other morbid conditions, acute and chronic, to fall into desuetude. Gastro-intestinal lesions including colitis; skin affections such as acne, psoriasis, and eczema; various chronic nerve maladies such as neuritis, neurasthenia, and neuralgia, all came under the healing influence of this remedial measure. Thus the work at the Sea Water Clinic has continued year by year though no thermal wave has again arisen to make its rooms once more the resort of long queues of mothers with babies, anxiously awaiting consultation and treatment.

Sea water treatment by subcutaneous injection was thus fairly launched in London, and later, the Chairmanship of Committee was taken by the late Mr. William Willett, an enthusiastic supporter of the work of the Institution from the first. Miss E. D. Coats, of Brenchley, has for some time assumed the

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duties of Hon. Treasurer, as well as devoting much time to the general welfare of the Dispensary.

Lapse of time and the stress of circumstance made it necessary to seek another depot, and rooms at No. 225, Euston Road were obtained, and the work of the Dispensary transferred thither early in this year. The present locale, next door to Gower Street Station, is easy of access from country and suburb, and sufficiently spacious for all present requirements. The Medical Staff includes Dr. George Burford, as Consulting Physician, Dr. Arthur Sandberg, Dr. Roberson Day, Dr. Matilda A. Sinclair and Dr. Cronin, as attending physicians. It is a most interesting experience for any medical man or woman to visit the institution during an afternoon clinic, and see the cases and note the results achieved by treatment.

In the year 1912, early after the Institution's foundation, a large and influential meeting, actually of an inaugural character was held at the town house of Sir George Truscott, H.R.H. The Princess Christian, and the Princess Marie Louise signalising their interest by their presence. On the present occasion it was deemed desirable to give the Institution in its new quarter a "send-off," but the patients suggested that in this instance the chief note should be theirs. Accordingly on the afternoon of January 28th, the rooms of the Dispensary were crowded with patients who came as guests—Dr. Sinclair kindly acting as hostess—and as many friends as could be possibly accommodated in a reception room. There were present Otto Beit, Esq., and Mrs. Beit, Miss Marguerite Carter, Miss Trevelyan, Mrs. C. V. Stephenson, Miss Sinclair, the Medical Staff, and other visitors. H.R.H. The Princess Christian was unable personally to attend, but conveyed her good wishes for the success of the assembly. Sir George Truscott intending to be present, telegraphed his regretted detention, and his best wishes for the Institution. Miss E. D. Coats, the Hon. Treasurer, who actually came to town to be present, was unfortunately summoned away by exigency during the afternoon.

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The proceedings were opened by Dr. George Burford, the Chairman of Committee, who expressed his pleasure at meeting simultaneously supporters and patients and the medical staff of the Institution, and invited Otto Beit, Esq., to address the assembly. Mr. Beit, who was received with applause, stated the intent which had induced him to found the Dispensary, and spoke of the conspicuous success it had at once achieved in the epidemic of gastro-enteritis in 1911, following on the heat wave. The continuous work since that time of the Sea Water Policlinic had given him much pleasure, as it was evident that the results of treatment maintained a popularity among the patients sufficient to keep the Institution in constant activity. Mr. Beit indicated that the work of the Dispensary could be increased indefinitely, that the equipment and staff were available for growing requirements, and urged each patient who had been cured to send at least one other sufferer for treatment, as a mark of thankfulness for the benefit received.

Mr. Beit's address was received with enthusiasm, and special acclamation was given to Mrs. Beit and Miss Carter, the ladies afterward joining in interested conversation with the women assembled, many of whom had children previously or at present under treatment.

Dr. Arthur Sandberg followed with a proposition of thanks to the Lady Hostess, and Dr. Roberson Day seconded. Dr. Day said that the evening's gathering had proved such an unqualified success that he was sure the patients would wish to see it repeated. It was a great advantage thus to keep in touch with the patients of the Dispensary, and most satisfactory to see how permanent the benefits of the treatment were.

The proposition was carried with acclamation.

The gathering as a fraternisation of east and west was an unqualified success. As ease of procedure does not appear without careful preparation, the credit for practical arrangement must be given to Dr. Sinclair, who provided the appreciated tea, and to Miss Aughton, the Sister-in-Charge, to whom the inception and development of the plan was due.

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LINES OF SEARCH FOR THE REMEDY.*

By JOHN HERVEY BODMAN, M.D., B.S. Lond.,
Physician to the Bristol Homœopathic Hospital.

INTRODUCTION.

ON looking back to the early days of Homœopathy and contrasting them with the present time, one cannot help regarding, with admiration and envy, the simplicity of the procedure adopted by the pioneers of our art when seeking the remedy for any manifestation of disease in which their aid might be sought. In those primitive times there was only one line of search for the remedy recognised by the followers of Hahnemann, namely, that line which had for its objective the discovery of a remedy, which had produced in the healthy a complex of symptoms as like as possible to the totality of the symptoms observed in the patient. Working with infinite diligence and zeal on this one line they achieved results which shook to its foundations the medical world of that day.

In our day and generation we find a totally different state of affairs. Simplicity has given place to complexity; instead of one line of search for the curative remedy, many are advocated, and we must necessarily consider the relative merits of each. In recent years there has been quite a remarkable increase in the varieties of procedure advocated by those who profess allegiance to homœopathy; so that in addition to the primitive and fundamental method above referred to, we have now to consider the claims of isotonic sea water, vaccines—crude and potentised—nosodes and autonosodes, antitoxins, hormones, the arborivital remedies introduced by R. T. Cooper, Schussler's tissue-remedies, *Radium*, &c. Good results have been achieved by all the weapons in this diversified armoury, but their very multiplicity is a source of danger, because it creates a diffusion of interest and a tendency to become a dilettante in all and a

* A paper read to the British Homœopathic Society on Thursday, November 4 1915.

* This article has already appeared in the *British Homœopathic Journal* but it is so admirable a summary of the present position that we feel it should have as widespread an audience as possible.—[ED. H. W.]

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master of none. The object of the present paper is to classify these various methods and to discuss their relative merits. If we are to do the greatest possible good to all who seek our help, it is a prime necessity that we should clearly perceive which of these methods is of the highest value and widest application, so that we may concentrate our attention upon it and acquire increasing efficiency in the use of it; otherwise we shall tend to be diverted from it in favour of methods of subsidiary value, especially such as have the attraction of novelty. On the other hand no one method is the best for every case, and therefore we must keep the possibilities of all in view.

Classification.

I. Empirical.

(1) Based on herbal lore and domestic use.

(2) Based on traditional medical use.

(3) Based on botanical relationship (*e.g.*, some of R. T. Cooper's remedies).

(4) Based on chemical theory (*e.g.*, Schussler's remedies).

(5) Based on biological theory (*e.g.*, Quinton's isotonic sea water).

II. Pathological.

(1) Where correspondence can be established between pathological effects of disease and drug.

(2) Where the power of a drug over certain pathological conditions has been established by clinical use.

(3) Where a disease is treated by the supposed virus, or by a product of the disease.

(*a*) Nosodes: (1) Isopathic use. (2) Homœopathic use.

(*b*) Vaccines: (1) Crude. (2) Potentised.

(*c*) Antitoxins.

(*d*) Autonosodes: (1) Undiluted serum injected intravenously. (2) Potenised preparations of patient's blood given by mouth. (3) Pathological effusions administered hypodermically. (4) Pathological discharges (such as pus), potentised and given by mouth.

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(*e*) Where glandular extracts or secretions are administered either to supply an assumed lack in the secretion of the corresponding organ, or to correct supposed excess or abnormality of the secretion of the corresponding or of different organs.

(1) Physiological use. (2) Homœopathic use.

III. Symptomatological.

Where symptom-correspondence between drug and patient is the ground of selection of the remedy, the pathology and the name of the disease being ignored, or considered of subsidiary importance.

OBSERVATIONS.

I. Empirical Lines of Search for the Remedy.

Definition.—This class may be defined as including all cases where a remedy is prescribed on other grounds than obedience to a known law of therapeutics. It will include cases where remedies are prescribed on the ground of their reputed efficacy in domestic, herbal, or medical practice; and also cases where remedies are prescribed on theoretical grounds other than an established therapeutic rule or law.

In the early days of medicine this was doubtless the all-prevailing therapeutic principle, and it is only in comparatively recent times that it has found serious rivals.

In spite of its antiquity and crudeness this method is not to be despised, for in many cases it has been the means of handing down to us remedies of real value, subsequently confirmed and precisionised by provings on the healthy. An example of this is found in *Arnica*, for on reference to Hahnemann's introductory remarks on this drug in the *Materia Medica Pura* * we find these words: "Common people . . . . after the fruitless employment of innumerable things" (referring to the treatment of blows, sprains, &c.). . . . "found at last by accident the true remedy in this vegetable, and hence they call it Fall-Kraut (fall-plant). Some two hundred years ago a physician (Fehr) first mentioned this discovery of domestic

* Hahnemann. *Mat. Med. Pura*, vol. 1, 8. 89.

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practice to the learned medical art." He proceeds: "The symptoms of all injuries caused by severe contusions and lacerations of the fibres are tolerably uniform in character and . . . these symptoms are contained in striking homœopathic similarity in the alterations of health which *Arnica* develops in the healthy human subject."

It will not be necessary to refer in detail to each of the sub-headings given in the classification, for the examples there inserted should make clear the meaning of any sub-headings which might otherwise seem obscure.

It may, however, be well at this point to offer a few remarks on a mode of treatment in which many members of this Society are interested; namely, the treatment by Quinton's Isotonic Sea Water. I have classed this as empirical, because it was first administered, not on the ground of any therapeutic law, but on the strength of a biological theory. I cannot concur in the theory, but there is no doubt that the practice to which it has given rise is in many cases strikingly successful. The mode of action of this remedy has not as yet been satisfactorily explained, but in spite of this it is a therapeutic weapon that we shall do well to bear in mind in certain cases where other and more specific methods fail us. One case may be briefly referred to as illustrating this point: A woman, aged about forty-five, was under treatment at the Bristol Homœopathic Hospital, first as an out-patient and then as an in-patient for several weeks; the leading symptoms were diarrhœa with the passage of stools containing a little mucus and a good deal of blood; there were also pains and tenderness in the abdomen in the position of the colon. The case was thought to be one of ulcerative colitis. No improvement took place under the homœopathic remedies given and careful dieting; and the outlook was unpromising, as loss of flesh and strength were progressive. Finally, I began treatment with isotonic sea water in doses of 10 c.c., and increasing up to 100 c.c. The result was a very great improvement; in a few weeks the stools became

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nearly normal and the patient gained strength and was able to return home and take up household duties, but she continued at times to pass a little blood. She has since recovered completely.

Relation to Law of Similars.—The prescribing of remedies on empirical grounds is, strictly speaking, outside the pale of homœopathy; but in many instances where it has been successful it has been shown to have been unconsciously homœopathic by subsequent proving on the healthy; as, for instance, in the case of *Arnica*, referred to above.

Drawback.—The great drawback of the empirical method is that, lacking the guidance of a therapeutic law, its results are very uncertain and failures are very frequent.

II. Pathological Lines of Search for the Remedy.

Definition.—Under this heading are included those modes of search for a remedy which have as their basis the known, or assumed, presence of some definite pathological condition in the tissues or bodily functions of the patient; the removal of such pathological condition being the primary aim of the treatment.

Sub-varieties.—Several sub-varieties of this method may be recognised, and the more important of them will now be described; and, where possible, illustrated by cases from one's own practice or from our literature.

(1) Where correspondence, or likeness, can be established between the pathological effects of a drug and those present in the case under treatment.

This method will be applicable only in those cases of disease in which the pathological condition is accurately or approximately known; and in the case of drugs known to have produced demonstrable pathological conditions, usually as the result of poisonings by the crude substance.

Illustrative Case.—On April 19th, 1915, Miss G. complained that the last three nights she had been awakened at 1 a.m. with severe pain in both hands, like that experienced when the hands "come to life" after extreme cold; pain relieved by rapidly moving

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the hands about and striking them against her knees; worse when lying still. The description of the pain led one to assume that it was caused by arterial spasm followed by relaxation, and as this is a known effect of *Ergot*, I prescribed *Secale* 3, two discs t.d. Four weeks later she reported as follows: Marked improvement the first night and has had no severe pain since; only a sensation of numbness lasting a few minutes and relieved by rubbing or beating the hands. Prescribed *Secale* 30, four doses to be taken if the pain returned. There has been no further trouble with the hands.

(2) Where the power of a drug over certain pathological conditions has been established by clinical use. This is an exceedingly common method of deciding what remedy is to be used; a diagnosis is made, and a remedy reputed to be of value in the condition diagnosed is prescribed. Seeing that in our student days we were all trained to regard disease from the nosological standpoint, and that most of us have picked up our knowledge of Homœopathy from books which first describe a disease and then enumerate the remedies that are "good for" it, it is hardly to be wondered at that at this time it is the prevailing practice. It is quite true that in a considerable proportion of cases a very fair measure of success attends this method, thanks to the pioneers, who by more laborious methods blazed the trail for us. On the other hand anyone who has practised much on these lines—and I speak as one who followed this method exclusively for the first fourteen years of my practice—will be prepared to admit that there are very many cases which, treated on these lines, end in failure; and it may occasionally have happened to others, as it did once or twice to me, that one of these failures went to a Hahnemannian and was speedily cured; and this inevitably suggests the thought that there are more things in Homœopathy than is dreamt of in the philosophy of those who practise on the above lines.

Illustrative Case.—A case illustrating the above method is the following: An old lady, a widow, aged

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about seventy-three, had a hard painless tumour in the right labium majus; it had only been noticed two or three months before the time when she sought advice. It was about 3 in. by 2in. in size; over an area about the size of a florin the skin was adherent, depressed, and dark in colour. There were no enlarged glands in the groin. The stony hardness of the tumour and the type of patient suggested *Conium* as the remedy, and *Conium 2x* was prescribed and was taken steadily for about six or eight months; during that time the tumour gradually became smaller, and finally disappeared. This was about five years ago and the old lady is still in very fair health.

If time permitted I could also have related three cases of carcinoma of the rectum, treated on the lines suggested by D. M. Le Hunte Cooper, with unit doses of *Ruta* and *Carcinosin* 100. One apparently recovered completely, and the other two have been holding their own between one and two years, without pain; and in one case leading a moderately active and useful life.

(3) Where the supposed virus of a disease (or a disease-product) is used in the treatment of the disease.

Of this method there are several varieties which may be classified under the following headings: (*a*) Nosode; (*b*) vaccines; (*c*) antitoxins; (*d*) autonosodes.

(*a*) *Nosodes.*—A nosode is a product of disease obtained from a specifically affected area in a well-defined case, and suitably potentised. It is immaterial whether or not the disease-product is known to contain specific micro-organisms; in most cases, no doubt, these were contained in the material from which the nosode was prepared. Several nosodes were prepared and successfully used before the discovery of the specific micro-organisms of the respective diseases had been made. Where bacteria are present in the material from which a nosode is made they will be accompanied by substances formed by the living tissues in the course of their reaction to the bacterial invasion; in this respect a nosode differs from a vaccine.

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Nosodes may be used in two ways:—

(1) In the treatment of the specific disease which was the source of the material used, *e.g.*, the use of *Anthracinum* in the treatment of anthrax, of which some striking examples are given in H. C. Allen's "Materia Medica of the Nosodes"*. Some would distinguish this method as isopathic.

(2) In the treatment of any case of disease where the symptoms of the patient resemble the symptom-complex of the nosode; *e.g.*, the use of *Anthracinum* in the treatment of a case of carbuncle in which the concomitant symptoms resemble the effects of anthrax poison. This may be distinguished as the strictly homœopathic use of a nosode, and therefore belongs to Section III. of our classification, *i.e.*, symptomatological.

(*b*) *Vaccines.*—These are prepared from known and artificially cultivated micro-organisms. They exist in many varieties: *e.g.*, (1) *filtrates* containing no bacteria but only their exotoxins; (2) *bacterial emulsions* containing bacteria as well as their products; (3) *potentised vaccines* in which the endotoxins have been liberated by trituration, usually after freezing.

Treatment by vaccines is necessarily limited to cases of disease associated with a bacterial invasion by organisms which are capable of being cultivated outside the body; it also presupposes the possibility of distinguishing between organisms which are pathogenic and those which are non-pathogenic in any given case.

Where the bacterial infection and its effects account for the whole disturbance in the patient's health vaccine therapy is often brilliantly successful; but where the infection is engrafted upon previously existing constitutional disorder, as is very frequently the case, vaccine therapy alone will either fail entirely or meet with only partial and transient success.

Illustrative Case.—The following case belongs to the former category: A young married woman had suffered for years from severe dysmenorrhœa, but was otherwise healthy. She was treated by a lady

* Allen, H. C. *Materia Medica of the Nosodes*, p. 21, 22.

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practitioner by uterine dilatation under an anæsthetic. The operation was followed by irregular pyrexia associated with severe pyelitis. At the end of about two months she was still in the Women's Hospital running high temperatures, suffering much pain, and had wasted to an extreme degree. At this point I was asked to take on the case. She was removed to her home and I found her in the condition described. A specimen of urine showed an acid reaction, a quantity of pus, and yielded a pure culture of *Bacillus coli communis*. After a week or ten days of treatment by ordinary homœopathic remedies without any marked result, treatment was begun with an autovaccine. At first doses of five millions were given every two or three days; subsequently the doses were increased and the intervals lengthened. There were some marked reactions at first, but the temperature became normal in about a fortnight, pus disappeared from the urine in three or four weeks, and she rapidly put on flesh and was restored to perfect health.

This was clearly a case of an acute infection accidentally brought about in a previously healthy woman, and was thus an ideal case for vaccine treatment.

For successful treatment by potentised vaccines administered by mouth see Dr. C. E. Wheeler's paper, "An Experiment in Prophylaxis," HOMŒOPATHIC WORLD, April, 1913*, and Dr. Stonham's paper, "Some cases of Respiratory Disease treated by Autogenous Endotoxins," *British Homœopathic Journal*, 1914†. No one could read these excellent papers without feeling that in suitable cases this method had great possibilities.

(*c*) *Antitoxins*.—Antitoxins are preparations containing antibodies produced in the blood of an animal in response to inoculations of progressive intensity with a pathogenic micro-organism.

The question may be raised whether antitoxins should have been classified under this heading, "Where

* Wheeler, C. E. *Hom. World*, 1913, p. 159.

† Stonham, T. G. *British Homœopathic Journal*, 1914, p. 211.

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the virus of a disease is used in treating that disease." It is true the antitoxin is not the virus of a disease, but rather a preparation containing antibodies specific against that virus. Nevertheless, it is a case where the virus of the disease is utilised; but not in the way of introducing it direct into the system of the patient as in vaccine-therapy, but by introducing it first into the tissues of an animal and then administering to the patient the resulting antibodies. Whereas vaccine treatment is a procedure which may be described as homœopathic in the widest sense, antitoxin treatment cannot be so regarded unless we consider the inoculation of the animal and the administration of the antitoxin to the patient as two stages in one process. Viewed in this light antitoxin treatment may be described as Homœopathy *â deux*.

It may be of interest to mention incidentally that antitoxins develop their curative effects much more rapidly when injected intra-muscularly than when injected subcutaneously, and there is no added risk as in the case of intravenous injection.

The sphere of successful antitoxin treatment is at present practically limited to diphtheria and tetanus, but of its value in these conditions there can be no doubt. The value of Flexner's serum in cerebro-spinal fever is not regarded in this country as fully established; in the only case of mine in which it was used, it was without any beneficial effect, though injected intrathecally and subdurally.

(*d*) *Autonosodes*.—This term may be used to include all substances used therapeutically which are derived from the body of the patient under treatment.

The following varieties may be noted as having been administered without benefit:—

(1) Preparations of blood or of blood serum.

(*a*) Undiluted serum injected intravenously.*

(*b*) Potentised preparations of the patient's blood administered by mouth.

(2) Pathological effusions administered hypodermically, *e.g.*, pleural effusion, ascitic fluid, &c.

* Cottheil and Satenstein. *Homœopathic World*, April 1519, p. 167.

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(3) Pathological discharges, such as pus, potentised and administered by mouth.

Of the above methods there is one which especially appeals to our attention and interest; namely, the use of potentised preparations of the patient's own blood. This method appears to have been originated by our homœopathic colleague, Dr. Donald Macfarlan, of Philadelphia;* he has reported four cases of diabetes mellitus in which very marked benefit has resulted from this treatment. It has also been applied to the treatment of skin diseases by Professor W. H. Yeager†, who has reported the rapid cure of three cases of stubborn eczema in this way. Dr. C. E. Wheeler only a few months ago showed a severe case of lymphadenoma in which treatment on these lines produced a striking improvement for a time, which unfortunately proved to be only temporary. The refractory nature of the cases which have received benefit under this treatment suggests that it is a method which has considerable possibilities, and better results will probably be attained when the technique has been more thoroughly worked out in regard to size of dose and frequency of repetition. Dr. Macfarlan has suggested that this treatment should be tried in cases of chlorosis, leukæmia, pernicious anæmia, and all bacteræmias. Dr. Burford‡ has suggested that it may be of value in the treatment of cases of cancer. I would venture to add that it might well be thought of in any case of Graves's disease that does not yield to apparently indicated remedies.

(*e*) Where glandular extracts or secretions are administered either to supply an assumed lack in the secretion of the corresponding organ, or to correct supposed excess or abnormality of the secretion of the corresponding organ or of other related organs.

This extremely complex subject has no recently engaged the attention of this Society§ that I only

* Macfarlan, D. *Homœopathic World*, 1914, *p.* 452 and 1915, p. 196.

† Yeager, W. H. *Homœopathic World*, 1915, p. 195.

‡ Burford, G. H. *British Homœopathic Journal*, July, 1915, p. 318.

§ *British Homœopathic Journal*, September, 1915.

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introduce it here for the sake of completeness, and refrain from detailed comment.

The use of these extracts may be divided into two headings :—

(1) Physiological use of crude extracts or active principles.

(2) Homœopathic use of potentised preparations (such as *Thyroidin*, *Oophorinum*, &c.).

Relation to Law of Similars.—The question now arises, " In what relation does pathological prescribing stand to Homœopathy and to the Law of Similars ? " Before answering this question it is necessary to recall the definition of pathological lines of search for the remedy at the beginning of this section ; namely, that, as considered in this paper, it includes those modes of search for a remedy which have as their basis the known or assumed presence of some definite pathological condition in the tissues or bodily functions of the patient. The method was thus defined in order that it might be sharply distinguished from the symptomatic method to be described in the next section, the outstanding feature of which is that the search for the remedy is based on the totality of the symptoms of the patient, apart from their significance from the point of view of diagnosis, and apart from any view that may be held as to the underlying pathology of the case. Whatever may be said from another point of view as to all prescribing being pathological in that every symptom is an index of pathological change, the fact nevertheless remains that in practice there is a sharp contrast between the two methods just referred to, and that they are often found engaged in more or less friendly rivalry. If this rivalry takes the form of a contest between two groups of practitioners each upholding their favourite method, it is to be deplored, but if the claims of the rival methods were allowed to compete in the mind of the individual practitioner in respect to each case that he is called upon to treat, the result could not be other than favourable and productive of greater efficiency.

Let us now return to the question, " In what relation

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does pathological prescribing stand to Homœopathy and the Law of Similars?" Is it Homœopathy? Not in the sense in which Hahnemann used the term; this may be proved by the following extract from the preamble to Hahnemann's *Materia Medica Pura* *: "As in Homœopathy the treatment is not directed towards imaginary or invented internal causes of the disease, nor yet towards names of diseases invented by man of which Nature knows nothing, and as every case of non-miasmatic disease is a distinct individuality, independent, peculiar, . . . so no particular directions can be laid down for it . . . except that the physician, in order to effect a cure, must oppose to every aggregate of morbid symptoms in a case, a group of similar medicinal symptons, as complete as can be met with in any single known drug." In the present day, however, it would be pedantic and contrary to common usage to limit the term Homœopathy to such practice as literally adheres to the lines laid down by Hahnemann, even though one grants the superlative value of the method so carefully described by him. Since Hahnemann's day it has become more and more evident that Homœopathy is a special application of a biological law of the widest scope, as has been most ably pointed out by Dr. C. E. Wheeler in his excellent little book, "The Case for Homœopathy." This being the case it is not surprising to find that the law of similars is capable of application in practice in a variety of ways. This being admitted one can understand how it has come about that the term Homœopathy is now generally used in a wide sense as including all these varied applications of the law of similars. Using the term Homœopathy in this broad sense, pathological prescribing is homœopathic (though not Hahnemannian), whenever there is a similarity between the pathogenetic effects of the therapeutic agent employed and the pathological condition present in the patient, and therefore inferentially whenever the proximate cause of a pathological condition is utilised as a remedy.

* Hahnemann. *Mat. Med. Pura*, vol. i. p. 18.

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Now we pass to a consideration of the merits and demerits of the pathological method. One of the chief merits is that it effects a great saving of time and labour in the cases to which it is applicable; whether or not this is at the expense of efficiency will be considered shortly. It narrows down the probable remedies to a comparatively few that can usually be retained by the memory, and thus obviates the necessity for referring to the repertory and the materia medica. Its popularity is largely due to the fact that it offers to provide a short cut to the coveted goal, the curative remedy; sometimes, however, even in medicine, "the longer way round is the quicker way home." Another attraction which appeals to many is that it is invested with the glamour of being "modern and scientific;" the impartial therapeutist will not allow this consideration to sway him if he has at his command another method which yields better results in practice. The most successful method is probably the most scientific, but contemporary science may not be sufficiently advanced to recognise the fact.

The pathological method has this further advantage that it is applicable to and is sometimes successful in cases where the symptomatological method is unavailable owing to subjective symptoms being absent or indefinite; such cases do exist, though their number is fewer than might be supposed by those who have not had large experience in the art of eliciting characteristic symptoms.

The demerits of the pathological method are (1) that, with the possible exception of the autonosodes, it is not available in the large number of cases in which the pathological condition is unknown.

(2) That in many cases where a definite pathological condition is known to exist this does not represent the whole pathology of the case and therefore, the treatment even if it removes the recognised pathological condition, may fall far short of curing the patient; and in many cases the pathological condition which was removed will recur or be replaced by some other manifestation of the uncured underlying dyscrasia.

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As an example of this the following case may be mentioned:—

Illustrative Case.—Mr. A. M. H., aged twenty-four, had suffered from severe acne vulgaris since he was fifteen; eruption chiefly on forehead, face and back. For the last twelve months he had been treated by vaccines; at first stock vaccines were used, but without result; later auto-vaccines were used, and there was improvement for a time, but it was not maintained. His principal symptoms were: Concentration difficult; lack of self-confidence, discontented with self, sensitive, easily startled, frequent nocturnal emissions, great weakness after emissions; perspires profusely; chilly, must dress warmly. Treatment; *Staphisagria* 30, twice; *Silica* 30, twice; *Silica* 200 twice; *Silica* 1M, twice; the interval between the doses varied from four to ten weeks. Result: immense improvement in general health; acne practically cured when last seen in June, 1915.

(3) A third disadvantage of the pathological method is that the prescription is partly or wholly based on hypothetical conceptions as to the nature of the disease, and this often introduces a source of error. In contrast to this the symptomatological method requires that the prescription shall be based only on ascertainable facts; namely, the symptoms of the patient and the proved symptoms of the drug, applied in accordance with a law deduced from, and verified by, repeated observation. In this connection the following footnote in Hahnemann's *Organon* * seems apposite: "The physician whose researches are directed towards the hidden relations in the interior of the organism may daily err; but the homœopathist who grasps with requisite carefulness the whole group of symptoms possesses a sure guide, and if he succeed in removing the whole group of symptoms, he has likewise most assuredly destroyed the internal, hidden cause of the disease" (Rau).

The reason why current pathology is an unreliable basis for the treatment of disease is that it is based on a narrow and faulty conception of the nature of

* *Idem.* *Organon* (Dudgeon's Translation of 5th edition) p. 112.

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disease. As Hahnemann says* (*Organon*, Section XIII.): "Disease . . . considered, as it is by the allopathists, as a thing separate from the living whole, from the organism and its vivifying vital force, and hidden in the interior, be it of ever so subtle a character, is an absurdity." In the case of acne referred to above the condition was diagnosed as acne; the pathology was assumed to be that of a bacterial invasion of the sebaceous follicles of the skin, and on that basis vaccine treatment—a crude form of Homœopathy—was employed, and the result was failure, because the pathology on which the treatment was based was the pathology of the "disease" used in the narrow sense referred to above, and not the pathology of the patient as a whole, and therefore not accounting for the whole of the morbid phenomena. Again Hahnemann says† (*Organon*, Section XV.): "The affection of the morbidly deranged . . . vital force that animates our body in the invisible interior, and the sum total of the outwardly cognisable symptoms produced by it in the organism and representing the existing malady, constitute a whole. . . . The two together constitute a unity, although in thought our mind separates this unity into two distinct ideas, for the sake of facilitating the apprehension of it."

Referring to the case of acne again, treatment in accordance with this broad and comprehensive conception of the nature of disease, treatment based on the totality of the symptoms, resulted in a most gratifying success.

One cannot leave this subject without remarking that the more one considers the conceptions of pathology expressed by Hahnemann in his *Organon* and *Chronic Diseases* the more one is made to feel that his genius enabled him not only to anticipate much that has since been discovered, but also that his prevision carried him beyond the limits yet reached by the most advanced teachers in the orthodox school of the present day. To point the moral in the form of a paradox one might say, "If you want

* *Ibid.* p. 117. † *Ibid*, p. 118.

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to be modern and scientific, base your treatment on the latest results of pathological research; if you want to be ultra-scientific and ahead of the times, pay diligent attention to the *Organon* and the *Chronic Diseases.*

To guard against possible misunderstanding, it may be well to add that nothing which has been said above is intended to detract from the value of pathological investigations as an aid to diagnosis and prognosis.

III. Symptomatological Lines of Search for the Remedy.

Definition.—The search for the remedy is based on the totality of the symptoms of the patient, apart from any theory as to their mode of causation or diagnostic import; the aim being to find a remedy which has produced in the healthy a symptom-complex as like as possible to that presented by the patient.

This alone is the mode of search for the remedy which was taught by Hahnemann, and a careful reader of his writings cannot do other than conclude that it would still be his teaching if he were living at the present time. In Section XVIII. of the *Organon* he says:* "From this indubitable truth, that, besides the totality of the symptoms, nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniably that the sum of all the symptoms in each individual case of disease must be the *sole indication,* the sole guide to direct us in the choice of a remedy."

The expression the "totality of the symptoms" is one which is often misunderstood; the sense in which Hahnemann used it is made clear by consecutive perusal of the sections in which it occurs and of others which qualify these. The great modern interpreter of Hahnemann's writings, J. T. Kent, deals with it as follows in his lectures on "Homœopathic Philosophy:"† "The 'totality of the symptoms' means a good deal. It is a wonderfully broad thing. It may be considered to be all that is essential of the

* *Ibid*, p. 120.

† Kent, J. T. *Lectures on Homœopathic Philosophy*, p. 112.

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disease. It is all that is visible and represents the disease in the natural world to the eye, the touch and the external understanding of man. It is all that enables the physician to individualise between diseases and between remedies. . . . It does not mean the little independent symptoms, but it means that which will bring to the mind a clear idea of the nature of the sickness. Many of the little symptoms that occur can be left out of the total without marring, but the essence, the characteristics, the image, must be there." Hahnemann says* (*Organon* Section CLIII,): "The more striking, singular, uncommon and peculiar signs and symptoms of the case of disease are chiefly and almost solely to be kept in view." Gibson Miller,† in his "*Synopsis of Homœopathic Philosophy,* writes thus: "In all advanced cases of chronic disease there are three classes of symptoms *viz* .:—

(*a*) "Those that signify the patient."

(*b*) "Those that signify the disease; *i.e.*, the common or pathognomonic symptoms."

(*c*) "Those that signify the ultimates or the results of disease."

"The first of these are the really important ones, and to prescribe exclusively on the two latter groups is only to court failure." Further on he says: "It must not be supposed that the symptoms that signify the disease are to be ignored in the selection of the remedy. They must be taken into consideration, but subsequently to, and as of much less value than those that are predicated of the patient."

The question of the grading of symptoms thus referred to is a matter of the utmost importance, but time does not permit me to enlarge upon it; for a detailed presentation of this subject reference should be made to Dr. Gibson Miller's paper, "The Comparative Value of Symptoms in the Selection of the Remedy."‡ read before this Society in December, 1910; it is a classic which deserves to be read and re-read. In

* Hahnemann, *Organon*, p. 234.

† Miller, R. Gibson. *Synopsis of Homœopathic Philosophy*, pp. 6, 7.

‡ *Idem. British Homœopathic Journal*, 1911, p. 73 *et seq.*

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cases which demand careful study before prescribing, I have found it helpful to proceed as follows: Having obtained a full record of the symptoms related by the patient and friends and observed by oneself, I critically examine this record, and underline in red all the important general and characteristic symptoms, *i.e.*, those of the highest grade; I then go through the record a second time and underline in blue any important particular or local symptoms. The symptoms thus emphasised are then utilised for repertorising the case.

The use of the repertory has often been condemned as mechanical and unscientific; this arises from a misunderstanding of the function of a repertory. No doubt the repertory has sometimes been misused in a way which has justified this impeachment; the symptoms have been written out, and against each the remedies corresponding, and the remedy having the highest numerical aggregate has been prescribed simply because it stood in this relation to the others. But this is not the correct practice, and is condemned by our best teachers. The right way to use the repertory is to regard it as a kind of index by means of which it is possible to select four or five or more remedies, which lead all others in likeness to the most important symptoms of the patient, and then to study in the materia medica the entire symptom picture of each of these remedies; that remedy is then selected which presents the closest resemblance to the disease image furnished by the symptoms of the patient. It will often happen that the remedy thus chosen is not the one which has the highest aggregate of points on repertorising, but this is easily accounted for by the fact that it is impossible to translate into repertory language the finer shades of drug action, and also because resemblance of one whole picture to another is much more easy to recognise when they are whole than when each is dissected into its component parts.

I now desire to pay tribute to the advantages of this method of prescribing. It is only within the last five years that I have been initiated into some of

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the mysteries of this department of Homœopathy, and hence I can only speak as a novice and not as an expert; but I can honestly say that what I have learnt has been of the greatest help to me and to many of my patients; for this I express my grateful acknowledgment to the teaching and ready help of Dr. John Weir, and to the great trilogy of Dr. J. T. Kent, the *Lectures on Homœopathic Philosophy*, the *Lectures on Materia Medica* and the *Repertory*. The advantages which I can vouch for as observed in practice during the last few years are as follows: (1) The method is applicable to a larger number of cases than the pathological method, because it can be successfully applied in a large number of cases in which the pathology is unknown.

For example, several cases of recurring severe head aches have been cured or greatly relieved.

(2) It has apparently led to more rapid recovery in cases of acute disease, *e.g.*, one case of whooping-cough treated with a few doses of *Carbo Veg.* 200 was well in ten days after the onset of the cough.

(3) It brings under consideration in any given case a number of remedies which would not be thought of on empirical or pathological grounds and which may prove to be of superior value, *e.g.*, a little girl had whooping cough very severely, and the more commonly indicated remedies such as *Ipecacuanha* and *Drosera* had no marked effect. On considering her symptoms more closely *Sepia* appeared to be indicated, and a few doses of *Sepia* 30 were given; there was a marked improvement from the first night; after two or three days the improvement began to flag, but a few more doses of *Sepia* 30 and 200 resulted in a rapid recovery.

(4) It renders possible the cure of many cases of chronic disease, which under other methods one had failed to cure, *e.g.*, J. McD., parlour-maid, aged twenty-four, was admitted to the Bristol Homœopathic Hospital, on January 30th, 1915. She had severe rheumatoid arthritis which had begun a year before. Both knees were swollen and contained fluid; the right ankle, right wrist, and finger joints of right

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hand were stiff and painful; there was aching and stiffness of the cervical spine. She could not walk, had to be carried. From May 7th to August 2nd, she had been an in-patient in the Bristol Royal Infirmary, and in November went to the Bath Mineral Water Hospital; she was there for two months, but when she left was weaker and was getting worse. On January 30th she had *Silica* 30, and again on March 18th. On April 22nd, she had *Silica* 200, and again on August 20th Since June 4th, she has been attending as an out-patient. She is practically free from pain, can walk a mile or two without difficulty, and does a considerable amount of housework.

(5) It causes a progressive increase in the knowledge of the materia medica.

(6) It leads to fresh clinical uses of remedies, *e.g.*, in a case of acute puerperal pyelitis due to *Bacillus coli*, to which I was called in consultation, the symptoms suggested *Sulphur*. Two or three doses of *Sulphur* 10M. resulted in a rapid fall of temperature and improvement in all the symptoms, followed in a short time by complete recovery. This has led me to think of *Sulphur* once or twice since in similar conditions, and I think it has done good.

(7) The fact that by this method, cases of acute disease often recover with remarkable rapidity, and that many cases of chronic disease receive striking benefit not hitherto experienced, results in the awakening of an enthusiasm for Homœopathy on the part of patients and their friends, which is not observed where results are less striking. This in its turn brings more converts to the banner of Homœopathy.

A case like the following makes a deep impression on people: On September 10th, 1915, Mrs. S., complained that for about three weeks she had been suffering from very severe shifting pains in both thighs and knees, but that the pains had now left these parts and gone to the heels, where they were very acute. I gave her *Valerian* 1M. three doses, one every four hours. Next day she reported that after the first dose the stitching pains in the left heel were aggravated. After the second dose she fell

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asleep and had a good night, the first for over three weeks. She did not need the third dose as the pain did not return.

Disadvantages of the Symptomatological Method.—(1) The amount of time and labour involved. This is certainly a considerable item in many of the chronic cases; the acute cases can be more rapidly dealt with as a rule. But increased experience of the method and increased familiarity with the materia medica, leads to a decrease in the time and labour involved. Above all we cannot conscientiously do for our patients less than the best we are capable of at the time.

(2) The method is inapplicable where symptoms are very indefinite or absent. Sometimes in such cases a pathologically indicated nosode will "develop" the case, awakening reaction and bringing out symptoms which can be utilised in selecting a remedy which will carry the patient farther than the nosode alone would have done.

Conclusion.

To sum up one may remark that whilst there are many possible ways of practically applying the law of similars, and each has its value, no one can claim to be doing the utmost possible for his patients and for Homœopathy who has not sought to render himself conversant with the method of prescribing upon the totality of the symptoms, as taught by Hahnemann, Kent and their followers.

The future of Homœopathy in this country, as elsewhere, largely depends on the quality of the work done by its professed exponents. If Homœopathy is to progress in public acceptance it must be of such an order as to evoke enthusiasm; without this enthusiasm among the laity the dead weight of prejudice and the consciousness of being a small minority will be an effectual bar to progress. Enthusiasm is not to be expected unless the difference between the results of homœopathic and other treatment is evident and striking. This evident difference is not so easily attained as in the old days, when

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Homœopathy was first introduced, because the average efficiency of non-homœopathic treatment is much higher, but it is attainable if we make the most of our resources. Without enthusiasm on the part of the laity there will be a dearth of recruits to fill up vacancies in the ranks of the homœopathic profession; and it is conceivable that a time might come when the dominant school might initiate legislation prejudicial to the welfare of Homœopathy, and there might not be a sufficient weight of public opinion to effectually oppose it. On the other hand, if we all develop to the full the rich heritage that has been handed down to us, it must inevitably hasten the day when Homœopathy will be universally recognised as the chief and controlling luminary in the therapeutic firmament.

OUR INADEQUATE DIAGNOSTIC METHODS.

By PHILIP RICE, M.D.
San Francisco, Cal.

[We take this article from the *North American Journal of Homœopathy*. It seems to us worthy of very careful study and we commend it to our readers.—ED. W. H.]

IF one were to put into a single word the most serious fault in all our clinical endeavours—diagnostic and therapeutic—no better word could possibly be chosen than the word Empiricism. Yet so unappreciative are we of the fact that empiricism is a fault, that not infrequently do we designate medicine, and with some show of pride too, as being an empirical science. As if there could be such a thing as an empirical science; as if this were not a contradiction in terms. An empirical therapeutic method there may be, yes, but an empirical science, never. Empiricism means: "Founded on experience, without the aid of science or knowledge of scientific principles." Hence it is absurd to speak of medicine as an empirical science. If it is founded on empiricism then it cannot be scientific, and if founded on science then it cannot be empirical. This distinction is important, and must be kept steadily in mind as we proceed

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in our investigation of the inadequacies of our diagnostic methods.

What do we mean when we say that we make a diagnosis? In other words, what is the meaning of the word "diagnosis"? Turning to the dictionary we are told that diagnosis means, "The art or act of recognising the presence of disease from its signs or symptoms, and deciding as to its character. The art of distinguishing one disease from another." An exceedingly poor definition, in my judgment, or else diagnosis is an exceedingly poor word for the purpose for which it is used. If in the act of making a diagnosis we need concern ourselves only with signs and symptoms of disease, and distinguish one disease from another, then no fault can be found with either the word or the definition. But if in order to reach a full and complete understanding of a given disease we need to take into consideration all the predisposing factors to the disease and all those that determine the peculiar individual expression which it may present, then obviously one or the other is wrong. My own opinion is that the commonly accepted definition of the word "diagnosis," though not entirely wrong, is wholly inadequate. Our practice is in accord with this definition; that much must be admitted. What are the results? The findings of the test tube and the microscope, aside from their aid in distinguishing between morbid products, tell us nothing whatever about the predisposing influences or the causes which led to the particular expression of the disease. And the same is true with whatever we are able to disclose with the aid of palpation, percussion and other similar measures. These means of investigation have their place. They are capable of revealing facts of importance. But since they deal first only with the results of morbid processes, and secondly only with facts that are empirical in character, they are essentially of secondary value.

This statement that the facts thus revealed are empirical, may be disputed, and I admit with a good show of reason if we consider these facts in their relation to concrete disease only. But, if we consider

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them in their relation to the individual organisation in which they are found, and with regard to their mode of development, they are distinctly empirical. By this I mean that a consolidation of a lung in pneumonia, *e.g.*, is a general fact and is present in every case at certain stages, yet though ever so conspicuous, it throws no light whatever upon the problem of why in one case we have present a cardiac complication and in another, with the same degree of consolidation, a hepatic complication. Again, granting that the Klebs-Loeffler bacillus characterises every case of diphtheria, does this in any way explain the cause of the manifold variations in the clinical course of any number of cases? Still again, all objective signs, and many subjective, of hepatic cirrhosis are identical in any number of cases; but these in no way furnish an explanation of the fact of a profuse hemorrhage in one case, while in another it is scanty or altogether wanting, or why the process results in hypertrophy in one case and atrophy in another.

These methods of eliciting signs and symptoms of disease, though helpful, I repeat, are inadequate and empirical, because they deal mainly, if not wholly, with generic facts and formulas.

This might not be so serious a matter were it not that upon this empirical, and because empirical, insufficient basis, we found our therapeutic systems, which are likewise empirical, and we must admit distinctly inadequate.

Our present methods are not to be condemned altogether; but we require to have in addition to them, methods of examination which will disclose not only the morbid signs and symptoms upon which we have heretofore based all our judgments, but also such as will reveal to us the mode by which these came to be what they are in the individual; *i.e.*, the predisposing and modifying organic or temperamental influence. We need, in other words, to understand the special individual organisation in its reality. We need, in order to really understand the meaning of symptoms, to extend the knowledge of the indications beyond the field of the symptoms

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into that of the facts from which they spring. This is what the chemist strives for in his work. With mere effects of a compound he is not satisfied. The process is studied, modifications in the compound are tried, and it can be put down as an absolute fact that with each modification, though ever so slight, a different result is obtained. The scientific farmer is no longer satisfied with merely harvesting his crops. He now must know all about his soil. If a certain seed fails to grow in a certain soil, he at once proceeds to analyse the soil to find out the reason. The scientific machinist is not satisfied unless he understands the construction of the machine and can account for peculiarities in effects. I have known him to take a machine entirely apart and with the most delicate instruments measure each part in order to determine the cause of a difference in action from another machine built just like it. So in other spheres of activity. Only the doctor seems satisfied with results. The differences in organisation and the corresponding differences in function and reaction between two persons are matters about which he concerns himself little or not at all. If there result from a morbid process a sufficient number of symptoms to lead him to a remedy, or if there are present bacteria or some other evidences of a morbid process, he is satisfied. The fact that in one case the symptoms are entirely different from those in another though rooted in a similar lesion, excites not the slightest interest so long as there is something in the lesion itself which harmonises with his own particular theories. This is not creditable. It is unworthy of us, and it is demanded of us that we improve our methods. In a word, a hint can be thrown out which, if followed, will undoubtedly lead us into more scientific ways, and it is this:— A study of the individual organic conditions according to the principles of general and special morphology.

Our first step into this new and, so far as medicine is concerned, wholly unexplored realm, must be to seek that biologic fact which is most firmly established by the laboratory and most cordially supported

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by experience, that we may be on as solid ground as possible at the beginning. A careful review of the field of biology reveals no fact which so fully meets these two conditions as does the one which says that Character of Organisation determines Character of Function. And not only does the science of biology affirm this proposition, but every other science does so as well. This can be illustrated in a thousand ways. For example (taking extremely simple illustrations) : —The muscular and osseous systems are constructed to perform certain functions and, in accordance with the character of the structure of each, so is the function. Dependent as they are upon each other, there yet can never be a transference of function. The liver and the heart can perform only a function that is in the strictest keeping with the character of their structure ; the one can never be made to do the duty of the other. The arteries and lymphatics can never be made to perform the same functions.

So obviously true are these facts that it seems almost superfluous to speak of them. Yet it is a fact we constantly act as if they were not true, or, at least, as if they were unimportant. We all have a heart, lungs, arteries—veins, lymphatics, connective tissue, etc., but we do not have these equally developed. Hence, just as it is impossible for two entirely differently constructed organs to have the same function, so it is impossible that two organs of the same character only slightly modified in structure can have an identical function. Each organ in the body is made up of a number of different elements, that we know. Now, it cannot be difficult to see that when one or the other of these elements predominates that the character of the function is thereby changed. Let us imagine that the following formula constitutes a perfectly balanced and normal organism :—M 10, B 8, N 5, L 4, BV 6, CT 6. Let us modify these now by decreasing some of the elements and increasing others. Is it difficult to see that, the moment we do this, a corresponding modification must necessarily take place in the character of the function ? If the

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proportion between muscle and bone is as ten is to eight in the normal, then any other proportion is abnormal, and abnormal function must be the result.

We are constantly meeting with persons in whom we find disproportions in development. We see in one person a predominance of the motive apparatus, in another predominance of the circulatory, in another the nervous, etc. And we see corresponding predisposition to disease, correspondingly increased or decreased susceptibility to stimuli of various kinds; or we ought to see them. The immense importance of this in our efforts to diagnose disease cannot possibly be over-estimated.

(*To be continued.*)

SOCIETY MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Fifth Meeting of the Session was held at the London Homœopathic Hospital, on February 3rd, Dr. C. E. Wheeler, the President, being in the chair. After the preliminary business, Dr. Axel, of Sweden, and Dr. Meersch, of Belgium, were introduced as visitors. Dr. Burford showed a specimen of considerable gynæcological interest.

The paper of the evening was read by Dr. J. McLachlan, F.R.C.S., entitled "Odds and Ends." It dealt with a number of medical points and problems, from the differentiation of certain cough remedies, to the consideration of one or two difficult diseases and the methods of meeting them. It was full of shrewd practical sense and suggestions of great value and the discussion that followed showed how much members had appreciated it and learnt from it. Those who spoke were Dr. Neatby, Dr. Byres Moir, Dr. Burford, Dr. Weir, Dr. Fergie Woods Dr. Stonham, Dr. Tyler, Dr. Wynne Thomas, Dr. G. Hey, Dr. Hall Smith, Dr. Goldsbrough, Dr. Day and Dr. Wheeler.

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

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The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 16th February.

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EXTRACT.

THE EXAMINATION OF THE SOLDIER'S HEART.

By O. LEYTON, M.D. CANTAB., D.SC. LOND., F.R.C.P. LOND.,
Physician to the London Hospital.

THE discussion at the meeting of the Therapeutic Section of the Royal Society of Medicine held on Jan. 18th has induced me to record some observations based upon a method of investigation which does not appear to be generally recognised, or, if recognised in the past, may have been believed to possess such limited application as to have fallen into disuse. It seems that at the present moment it may prove of great value in determining the extent of disease of the myocardium in cases of "soldier's heart," in assisting in prognosis, and in the detection of malingering. (Malingering in my experience has been so rare as to make my reference to it rather academic than practical).

The loudness of the cardiac sound depends upon so many factors that it would be erroneous to conclude that feeble sounds means a feeble heart, because the tissues between the heart and the stethoscope may absorb much of the sound. The sounds of the heart of a stout man or of a man suffering from marked emphysema may be so feeble as to be difficult to hear, and in spite of this his circulation may be maintained in a normal manner, as shown by his pulse, his blood pressure, and his capacity for doing physical work. For this reason absolute measurements are of but little value. Comparative measurements do not suffer from the same error, because the two sides of the chest are usually of equal fatness, while localised emphysema is very rare in young subjects and not common in the old.

The normal ratio of intensities of the first sound at the apex to the second sound at the base is approximately two to one; this has been established by many observers working with the stethoscopes

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of Oertel and of Bock. Experience has shown that this ratio is altered in cases of myocardial disease. Frequently the prognosis of a sudden cessation of heart beat has been made, based entirely upon the ratio being reversed, and this prognosis has proved only too correct. One must remember that there are many other methods of arriving at the conclusion that there is myocardial degeneration, and amongst the most reliable of these is the presence of the pulsus alternans. In quite a large number of cases, however, the ratio of intensity is altered before there is any tendency towards alteration in the strength of the beats of the heart. The estimation of the intensities of the two sounds by either of the instruments is an extremely simple matter, but since it is essential that there should be absolute quietness in the room in order to use Oertel's stethoscope with any accuracy, in hospitals and in many parts of London it is wiser to use the Bock stethoscope.

The principle upon which the Bock stethoscope acts depends upon diminishing the size of a hole in a thick diaphragm through which the sound must pass from the chest to the ears of the observer; the size of the hole is altered by screwing a cone-shaped piece of metal into it. The stethoscope is arranged to read 100 when the hole is completely closed, the face of the stethoscope is divided into 100 divisions. In order to use it the pointer is placed at 10, and then the stethoscope is applied over the apex of the heart, and the pointer slowly turned clockwise until the first sound can no longer be heard. The average position for this, when examining a normal individual, is about 80. This reading is made on several occasions and the average taken. The stethoscope is then placed over the aortic site; and is once more opened to the region of 10, and then gradually closed until the second sound cannot be heard. In the average individual this will occur about 45, and the ratio of intensity may be represented by 80 to 45. The instrument cannot be used when there are any cardiac murmurs.

Some time ago upon examining a man aged about

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50, who complained of very little besides palpitation of the heart, and who did not have any œdema or any irregularity of the heart, I found that the ratio was reversed (that is to say, the intensity of the first sound at the apex was only half that of the second sound at the base). I communicated with his nearest relative, telling her that I took an extremely serious view of his condition, and that she should arrange her life as far as she could in the expectation that the patient would not survive very long. About two months later the patient died suddenly whilst in his office in the City. I refer to this case because it was one of the most dramatic, but time after time the instrument has allowed one to prophesy as to what will happen in the near future.

As a contrast to this, I record a case seen to-day. A man, 57 years of age, complained of extreme irregularity of the heart following upon an attack of influenza last September. A few days ago he told me this irregularity was so marked that he thought he was dying, and he sent for his medical practitioner at four o'clock in the morning. Upon estimating the intensities of the sounds they were found to be normal —*i.e.*, 80 to 40—and the tracing from his pulse showed that the heart frequently intermitted, but there was not the slightest suspicion of pulsus alternans. The patient admitted that his mental condition had much to do with his heart-beat, and on leaving fully made up his mind to carry out the treatment recommended —*viz.*, to treat his heart with contempt.

One must not assume that myocardial degeneration is a condition from which recovery cannot take place. It is well known that in diphtheria the heart assumes a tick-tack rhythm, and the first and second sounds are approximately of equal intensity. It is not only in diphtheria, but if careful observation be made one will find that in scarlet fever, typhoid, measles, influenza, and quite a large number of infections in which toxins are produced which can affect the heart, the ratio of intensity is altered.

It is wise to attempt to prove every assertion, and therefore I quote a few cases.

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1. A man aged 67. October, 1911: Chief symptoms, dyspepsia, strength failing, easily tired. Heart, no murmurs; ratio of sounds 60 : 60. Pulse regular, rather slow. B.P., 150. January, 1912: Ratio of sounds 60 : 60. July, 1912: Heart regular, does not miss at all; ratio 50 : 60. November, 1912: Pulse 72, regular. March, 1913: Developed pulsus alternans; ratio 50 : 60. Died six months later.

2. A woman, aged 25, unmarried. December 4th: S.F. of four days' duration. No murmurs; ratio 60 : 50. December 10th: Ratio 50 : 50. December 18th: Ratio 60 : 45. Recovery.

3. A man, aged 54. May, 1913: Complained of occasional palpitation on exertion. Pain after food. Pulse regular, 75. B.P., 140 mm. Hg. Ratio 20 : 40. Sudden death three months later.

4. A man, aged 69. April. 1911: Breathless; œdema of legs; palpitation. Influenza two months previously. Ratio 50 : 45. July, 1911: Ratio 60 : 45. November, 1911: Ratio 65 : 40. Alive and well at present time.

5. A man, aged 67. Complained of palpitation. B.P., 145 mm. Hg. No murmurs; ratio 40 : 42. Serve pyorrhœa alveolaris; advised treatment of this condition. January, 1912: Ratio 45 : 45. B.P., 105 mm. Hg. March, 1912: Ratio 70 : 50. May, 1912: Palpitation has ceased; pulse quite regular. Ratio 75 : 50. February, 1913: Ratio 45 : 25. Alive and well at present day.

6. A woman, aged 60, unmarried. June, 1910: Normal ratio 80 : 40. November, 1912: Ratio had become 55 : 55. Died one year later.

7. A man aged 64. April, 1910: Complained of giddiness. No murmurs. Ratio 75 : 50. B.P., 160. April, 1911: B.P. 135. Ratio 60 : 40. July, 1913: B.P., 120. Ratio 60 : 45. December, 1914: Ratio 55 : 50. August, 1915: Ratio 50 : 50. October, 1915: Ratio 45 : 50. Death since.

The train of symptoms which is diagnosed as "soldier's heart" is sufficiently varied to have led some to believe that they arise from an increased secretion of the thyroid gland, others from physical

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strain, whilst yet others from a toxin due either to a microbe in the blood or to some infection in the past or to the inhalation of some poisonous gas. I venture to express the opinion that under the heading of "soldier's heart" all these conditions are included, and I believe that assistance in differentiating between these conditions would be afforded by a systematic examination of the intensities of the sounds.

My experience amongst soldiers is insufficient, but the few cases upon which opportunity for making observations has been afforded in private and at the London Hospital have led me to the conclusion mentioned above.

1. An officer, gassed May 7th, developed severe bronchitis lasting ten days, sent to England, June 8th, and examined July 23rd. Felt sick and languid, heavy in head, easily tired when walking, breathless upon exertion. Ratio of first sound to second 60 to 55. November 4th, was able to walk and run, felt very much better, and would have liked to return to his duties, but unfortunately had developed neuralgia. Ratio of intensity 75 to 50.

2. An officer. Fourteen days before examination he had a bad attack of indigestion, and was thought to be developing measles, was suffering from very marked nausea, and pain in the stomach. When examined on May 23rd, stated that he felt he was quite unable to carry out his duties, got tired so rapidly, felt languid, occasional palpitations. Ratio of intensity of sounds, 40 to 45. Recommended leave for three weeks, during which time complete recovery occurred; this was apparently myocardial alteration due to ptomaine poisoning.

3. A private who had been gassed. The lungs cleared completely. Symptoms of "soldier's heart" persisted. Ratio remained 1 : 1. Invalided.

4. A private who had been gassed. The lungs cleared completely. Ratio persisted 1 : 1, and symptoms remained unchanged.

The cases presenting the symptoms of "soldier's heart" following explosions have not shown any evidence of disease of the heart, and I have considered

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them of nervous origin, and all that I can record about the sounds is that the ratio has always been 2 : 1, *i.e.*, normal.—*Lancet.*

CORRESPONDENCE.

c/o His Britannic Majesty's Consul,
Salonica,
January 24th, 1916.

Dear Dr. Wheeler,—I think of you now relieving the complaints of half the world at Ormond Street, and of course, wish I were with you. You, on the other hand, if you love warmth and sunshine as I do, would wish yourself with me. We are nearing Cape Matapan; the Mediterranean is as blue as the books say, and it is warm enough for us to be glad of an electric fan purring over our heads in the "fumoir."

The crossing from Folkestone to Dieppe was rather good—the journey to Paris comfortable. Paris rather bored me. It was wet, grey, cold and uncomfortable owing to our insular ignorance of conversational French. There were things to do, so that we could not do much sight-seeing, a pursuit that never interests me much anyway. We did enter Nôtre Dame.

We left Paris at eight o'clock in the evening, and reached Marseilles soon after nine Wednesday morning. That at least, was the programme, but my companion Parr had luggage trouble at St. Lazare and had to come on at nine and did not reach Marseilles until three the following afternoon. He was not met at Marseilles Station, as I was, by a Cook's interpreter, and instructed to present himself at the Office of our Consul for avisé, and so avoided the irritating morning I spent, trotting from official to official. Ignorance was bliss indeed, but tribulations may come later. What I saw of Marseilles interested me immensely. The sun shone, it was at once warm and cool, and vitality filled the picturesque streets and squares. My companion in his brief wild drive

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from the station to the quay caught a whiff of foreign smells and came aboard howling at "Eastern filth." He has yet to see a real Eastern town.

We had thirty-six hours at Malta, and went ashore three times. The place was amusing enough for an hour or so, but I fancy would seem pretty dull at the end of a week. But I could stand it for a longer time than that, for the sunshine, and pellucid air, and warmth are like life to me. So crowded a harbour, with ships coming and going every day would be to me a source of unflagging interest. The only lady passenger we had on board was a V.A.D. girl bound for the hospital at Floriana to do cooking. At table she was of great use in unfolding the mysteries of weird (but excellent and appetising) dishes. I did not find out until just before leaving yesterday noon that Floriana was only a quarter-of-an-hour's ride from the town, but if there is time on my return I shall try to go out.

We are due at Piræus, according to some, at a late hour to-night, and if all is well that will mean that I shall post this letter to you in Athens to-morrow. It seems there is a tram from Piræus to Athens.

With best regards.

Very sincerely yours,
STANLEY FRANKLIN. *

SOUTHPORT HOSPITAL.

[This letter shows that Southport continues its admirable work. —ED. H. W.]

TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."

DEAR DR. WHEELER,—You would be pleased to hear what a centre of activity and of *attraction* this hospital has become. Everyone says *our* soldiers are easily recognisable amongst approximately 700,

* Mr. Franklin is one of the best students which the L.M.S.M. has ever trained. After beginning a missionary career in South America he was invalided home with malaria. Although now recovered from that he was judged unfit for active service but is now at Salonica, in charge of a Y.M.C.A. establishment. We are sure our readers will appreciate this account of his journey, in these days when nearly all of us have some one in the Eastern regions who claims our love and interest.—ED. H. W.

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by their well cared for appearance, and smartness, their good behaviour and cheery appearance. One Sunday afternoon lately I drove the Rev. Major Lyndon Parkin up to take the service. He is so used to the soldiers having been at Crowbrough with the Manchester and Lancashire troops for many months. He asked me where our men came from, they were such an immensely superior lot to any of the others in the town. When he heard they were just some of the same bunch, he understood that it was just the *hospital* that differed. We *expect* more of our men—and we get it.

With kindest regards,

Sincerely yours,

33, Park Crescent, Southport,
10*th February*, 1916.

JULIET K. STRAFFORD.

VARIETIES.

RUTA GRAVEOLENS.—*Ruta* is indicated for injuries of the periosteum, from a fall or from any accident which causes the parts to feel very sore and bruised. Pain as if bruised in the outer parts and in the bones; Wounds where the bones are injured. John B., struck a man in the mouth and the teeth cut through the third phalanx of the right third finger. Home-treatment for two weeks resulted in: a swollen hand, suppurating finger, increasingly sore, bruised pain in the injury. Cleansing with boiled water and one dose of *Ruta* 45m (Fincke), healed shortly.

THE INFLUENCE OF IMMUNITY RESEARCH ON THE DOCTRINE OF HOMOGENEITY, DIGESTION AND ASSIMILATION.—Huppert has assumed a chemically present, although not chemically demonstrable difference between specifically different but functionally identical cells and tissues; both in the works of Pflüget and Huppert are found arguments that lead to the assumption of a similar construction of the heterologous organ-cells of the same species. These assumptions of Huppert and others have to-day been confirmed by the immunity-reactions that appear after injection of heterogeneous cells and tissues. These show first of all the difference between functionally identical, chemically apparently similar, although heterogeneous cells and tissues, but also the similarity between functionally different, although homogeneous cells and tissues. That this knowledge would give the answer to important questions of physiology at first escaped the notice of physiologists. Hamburger (*Beitr. z. Klin. d.*

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Infectionskr. u. Immunin-Forsch." H. 3. 1914) has now investigated the bearing that this knowledge has on physiology. He lays down three principles or laws in this connection: (1) the law of heterogeneity: functionally identical cells of various species are biochemically different. (2)The law of homogeneity: functionally different cells of the same species resemble each other biochemically. (3) The law of the toxicity of heterogeneous albumens: the albumen (of cells and tissues) of one species is toxic to the cells of another species. The truth of these laws has been confirmed by immunity research. From these laws it follows that two properties in each cell must be distinguished, each probably to be attributed to a certain definite grouping of the atoms, namely: (a) The property conditional on the function, and (b) the property conditional on the species. The law of the toxicity of heterogeneous albumens throws new light on the question of the digestion of albumen, which had reached a deadlock when investigated by purely chemical methods. To-day we may look upon digestion from a new point of view and regard it as a process of disinfection, and it would appear as if the organs of digestion, in addition to other functions, have that of preventing the invasion of heterogeneous albumens. What we have hitherto denoted as digestion and assimilation is nothing else than the transformation by the cells of heterogeneous compounds of nitrogen into a combination identical with that of the albumen-molecules of the body. The cells "incorporate" the foreign compounds of nitrogen in the true sense of the word, hence the expression "assimilation" is not quite correct. Not until the nutriment has become thus incorporated has it become a part of the protoplasm of the variously functioning cells. The circulating albumen must first become homogeneous before it can become cell- or organ-albumen. This transformation process —"assimiliation to homogeneity"—is carried out in the intestinal wall; the "assimilation function" is carried out in the single cells, *i.e.*, in the organs. However, the body cells are not absolutely but only relatively incapable of digesting heterogeneous albumen. Here the leucocytes play an important *rôle*, which is obvious when we remember that these cells have preserved all the properties of the amœba and therefore also digestion. Heterogeneous albumen may remain unaltered in the blood for several days without a trace of it being excreted by the kidneys. In spite of this heterogeneous serum must be looked upon as poisonous, and the old teaching that the kidneys have the capacity of removing from the blood everything that does not belong to it physiologically must be regarded as erroneous. The laws of homogeneity, the toxicity of heterogeneous albumen and the nature of digestion and assimilation have been placed on a firm basis solely through immunity research, and although they have earlier been assumed by many they can in no way be said to have been deduced from the results of chemical methods of research.

[The term "Arteigen" and "Artfremd" have been translated homogeneous and and heterogeneous respectively.]

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LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Applin (Arthur). The Nursing Home. Cheap ed. Cr. 8vo, swd., pp. 308. Mills & B. Net 1s.).

Arnoldson (Torild W.). Parts of the body in Older Germanic and Scandinavian. Royal 8vo, swd. (Cambridge University Press. Net. 3s.).

Berkhart (J. B.). The Pathology and Treatment of the So-Called Nervous Asthma. 8vo. (H. Milford. Net 2s. 6d.).

Pope (Amy E.) and **Thirza** (A.). A Quiz Book of Nursing for Nurses. With 135 Illus 2nd ed., revised and enlarged. Cr. 8vo, pp. 506. (Putnam. Net 7s. 6d.).

Pope (Amy A.) and **Thirza** (A.) A Quiz Book of Nursing for Teachers and Students. 2nd ed Cr. 8vo. (Putnam. Net 7s. 6d.).

Preston (Howard M.). The Triangular Bandage. With an Introduction by James Cantlie. Fully Illustrated with 116 Figures. 18mo, swd., pp. 70. (Bale & D. Net 1s.).

Thomson (Arthur). A Handbook of Anatomy for Art Students. With numerous Illus. 4th ed. 8vo, pp. 484. (H. Milford. Net 16s.).

Warwick (F. J.) and **Tunstall** (A.C.). Questions on First Aid to the Injured and Sick. 18mo. swd., pp. 42. (John Wright. Net 6d.).

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 35, *Queen Anne Street, Cavendish Square, W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

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LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. R. Day, London — Dr. Sandberg, London—T. Kelsey, Esq., Leamington — Dr. Cash Reed, Liverpool.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

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Provings of Butyric Acid. By Donald Macfarlan, M.D., Philadelphia.

The Scientific Method of Drug Proving. By Ralph R. Mellon, M.D., Ann Arbor, Mich.

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British Homœopathic Society.

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EXTRACTS:

Kali Phos. in the After Treatment of Anterior Poliomyelitis. By Fraser Barbrick, M.D, Los Angelos.

Verifications of Mercury. By Daniel E. S. Coleman, Ph.D., M.D.

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THE

HOMŒOPATHIC WORLD.

APRIL 1, 1916.

CANCER.

WE desire to draw special attention to the article of Dr. E. A. Neatby in this isssue upon this subject. This is one of the serious matters affecting the health of the community wherein a little knowledge upon the part of the non-professional public may be of vital moment to individuals. Particularly important is knowledge concerning the variety of malignant disease with which Dr. Neatby is more specially concerned, for here it is no exaggeration to say that early resort to surgery may well mean a complete cure for the disease. This is not to say that non-surgical cures are not possible, or that the results even of early surgery are inevitably successful, but pending fuller knowledge of the nature of the disease, whereby better adaptations of medicinal treatment may become possible, carcinoma of the uterus should be given the benefit of surgery whenever possible, providing only that an operation shall be the starting point for constitutional medical treatment directed to prevention of recurrence. Even without this, many cures can be recorded. With its aid, which no homœopathist should neglect, there should be even more and a real scourge of womankind should be at least kept back in its deadly ravages.

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NEWS AND NOTES.

The late Captain A. Speirs Alexander, M.B.

It seems only yesterday that we had the honour to record the brilliant scholastic achievements of this most promisng physician. Now we have the melancholy task to record his death, in performance of his duty at Kut-el-Amara. So sudden an end to one round whom centred such hopes and desires has its deep note of tragedy, none the less deep that it must, alas! be sounded so often and for so many in these days. We know that the hearts of all our readers go out in sympathy to the parents who have given so dear a gift to their country's need.

Homœopathy in Petrograd.

In reference to the splendid work done by Dr. Brasol and his colleagues at the Homœopathic Hospital in Petrograd, Dr. Brasol in a later communication to Dr. Burford writes thus: "I would like to clear up a misunderstanding. There is no cry of despair from Russia, and Russia does not turn for help to allied nations or private individuals; we trust to and depend upon our own resources and powers only. But if an allied power or private individual generously offers to assist us by opening and supporting a hospital with thirty beds for the whole time of the war, we can only reply to so generous a proposal with sincere thanks, and promise all possible aid towards its fulfilment." Here is the true note of self-respect and self-confidence which all English homœopaths will cordially reciprocate.

Sedum Acre.

From time to time this drug is mentioned for affections of the anus and neighbourhood, fissure, fistula, and even cancer seeming to be helped by it. Now from a French journal we note a recommendation of it for certain affections of the respiratory organs. It is recommended in the 6c. for the first stages of

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coryza, before the flow of pus is established. Also for bronchitis with spasmodic cough, even for pertussis. Dr. Picquet, whose work we quote, gives it a place between *Arsenic* and *Phosphorus*.

Appointment for Dr. Storar.

Our colleague, Dr. Storar, has been appointed Physician to the Royal Dispensary, Ramsgate and St. Lawrence. We offer our hearty congratulations.

An Appeal from Madras.

The Homœopathic Medical Mission, Kosapet Perambur Barracks, Madras, sends an appeal for Homœopathic literature. We hope some of our readers may find some books which they can spare to help these workers. Send any such gifts to Sister P. G. Williams at the above address.

Mothers and Babies Welfare—Hackney.

The Hackney Mothers and Babies Welfare Centre is one of a number of similar societies, now springing up over the country, which play a part whose value can hardly be overrated in combatting excessive infant mortality. The importance of this work to the nation is more than ever obvious to-day. This centre has special claims on our attention because its Hon. Secretary, Miss Payne, is not only a highly trained nurse and a splendid organiser and worker but a convinced and enthusiastic homœopathist, and although no treatment naturally is possible except by the Medical Officer, it is no small matter for us that believers in Homœopathy should be prominent in such beneficent activities as this. We have in our hands the first annual report. It is full of promise as well as a record of good performance. We are sure our readers will wish the Institution well.

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ORIGINAL COMMUNICATIONS.

CANCER AND THE CHANGE OF LIFE IN WOMEN.

By Edwin A. Neatby, M.D.

The number of the silent tragedies enacted under the ægis of "the change of life" will never be known. In connection with uterine fibroid tumours it has often been pointed out that the supposed benign influence of "the change" is usually illusory. Like a veritable *ignis fatuus* the hope of betterment at that epoch lures patients on to wait for its advent, often longer and longer delayed, only to find that though "the change" at last comes, it is a change for the worse. No one has more truthfully or more graphically portrayed the disappointment involved in waiting for the menopause in these cases than has Sir John Bland-Sutton, who says "there is nothing in the whole range of surgery more ironical than a woman spending thirty years of her life as a chronic invalid on account of a uterine fibroid, with the expectation that at the menopause she will be restored to health, and begin a new life, and then to realise that far from this dream being fulfilled her tumour becomes necrotic, extruded, or septic, and places her life in the gravest peril, so that she may die in spite of surgical intervention."*

The superstition concerning the "change of life" in the case of fibroids, consists in attributing to it a magical curative influence, which bitter experience shows that it does not possess.

It is a curiously different superstition which is associated with the change as related to cancer, but it is none the less a malevolent superstition. In this case it serves to blind the mental vision to a danger of an insidious and deadly nature: In plain language, symptoms and signs commonly heralding cancer, are put down to the "change," and the patient is lured to destruction more certain and uncompromising than even that which often overtakes a patient the subject of uterine fibroids.

* *Trans. Obstet. Soc. of London*, vol. 45, 1903, p. 108.

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Life thrown away is common enough, but when such waste is (even partially) preventable, it is the more piteous.

When I was in general practice a lady of forty-one walked into my consulting room, almost apologising for troubling me with what seemed to her a mere inconvenience, incidental to her age. Her account of herself was sufficiently typical to warrant record here. Her periods had become irregular; menstruation which had ceased a week previously, had that day recommenced. Latterly it had usually been profuse, but between the regular periods she had frequent "show" on and off for a few minutes, or an hour or two at a time. The least exertion started it off. Besides this and between the bleedings, she had a thin, watery but inodorous discharge. This had been going on for months; sometimes the flow would last for ten or twelve days at a time. The patient was surprised that I thought a local examination necessary—it was so obviously "the change!" Here, the "coming event" had "cast its shadow" more than five years "before it;" so adaptable is the superstition!

My notes state that I found "a large irregular, sprouting 'cauliflowerlike' mass, occupying the upper part of the vagina and growing from the cervix." The womb was becoming fixed by extension of the disease, and my diagnosis was "inoperable cancer."

Here was a woman in the prime of life, cheery, never having been ill, the mother of eleven children. Annoyed with the uncertainty—never knowing when the unwelcome "visitor" would pay its call, or how long its stay would be prolonged—she reluctantly sought advice. She left me with what amounted to a death certificate—if not actually in her hand—inscribed in my note-book.

Was this perchance the hasty, unproved diagnosis of a young and pessimistic practitioner? For answer here is another case: the faithful retainer of one of my patients—a kind and solicitous employer. In this instance I quote from memory; the patient's age was about fifty; the change of life was thought to be

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passed, but "periods" had returned—and returned for months with characteristic capriciousness. The malevolent shadow here was cast in the opposite direction. The diagnosis of cancer was simple and certain on examination; this time the "young practitioner" certainly was not pessimistic, for he rather hoped that an operation might be possible. A second opinion was invited, Dr. Granville Bantock responded to the call, and with lightning celerity came the death knell "inoperable cancer."

Yet another case—a lady being treated for a different malady, casually complained of "returning periods" when menstruation was supposed to have permanently ceased, but the vagaries of "the change" had, to her mind, accounted for the bleeding having recurred. This lady declined examination at the hands of a "male man," and the late Dr. Florence Boyd examined her for me—an expert lady gynæcologist and operator. Quick and definite came the verdict "cancer, too far advanced for operation."

If cases such as these are common in the practice of the family physician, they are still more so in that of the specialist in women's diseases. The frequency with which they are met in the experience of a single individual, leaves no room for surprise at the mortality figures collected by the Registrar-General. Those about to be quoted are from the last available report—that for 1913, published in 1915. During the years 1906-1910 the rate of deaths from cancer per million women living in England and Wales at the ages stated compares as follows with the same in 1913.

	1906-1910.	1913.
Age	25-50—3,104.	3,220.
Age	50-70—11,185.	12,406.

These figures show how large a proportion of the population dies of cancer alone, and also states that a considerable increase in registered deaths from cancer after "the change," has taken place in the last few years. Of this increase the tables offer no explanation.

In the year 1913, 4,063 deaths in England and Wales took place from cancer of the womb alone. Of these the largest number, 621, occurred during the

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quinquennium 50-55. In the five years preceding and succeeding the age just named, the mortality is also next highest, amounting to 552 and 598 respectively. Thereafter the number of deaths lessens with each quinquennium—though not, of course, the percentage. The preponderance of uterine cancer in married women is recognised both by the registration statistics and by the common experience of all practitioners. It is of course due to the damage inflicted by child-birth upon the cervix. In single women cancer of the cervix is much less common than in the married, whereas cancer of the body of the womb is relatively more common in single than in married women.

It is unnecessary to lay further stress on the prevalence of cancer, or on the danger which accrues from neglecting the early signs of the disease, and of confusing these important indications with the supposed inevitable infirmities of the change of life. The popular dread of this scourge is not matched by the knowledge of its early manifestations which the non-medical laity possess. Some form of campaign against cancer is called for, such as has taken place against tuberculosis, and is proposed by the Royal Commission on Venereal Diseases. In both these cases prophylaxis plays an important part; this is only possible where something definite is known as to the causation of a disease. Until more definite knowledge is obtained, nothing of the nature of concerted action with which the public can co-operate, is likely to be taken. It is therefore doubly important that medical men should warn their patients where possible, and that they themselves should avoid delay in investigating and treating all suspicious cases.

For some years I have done what I could to spread a knowledge of the importance of this subject, through an ever widening circle of women students of the Missionary School of Medicine. Many scores of these ladies have thus been educated in a way which cannot fail to bear fruit in the saving of lives.

For the sake of completenness a brief summary of the features calling attention to early uterine cancer may not be out of place.

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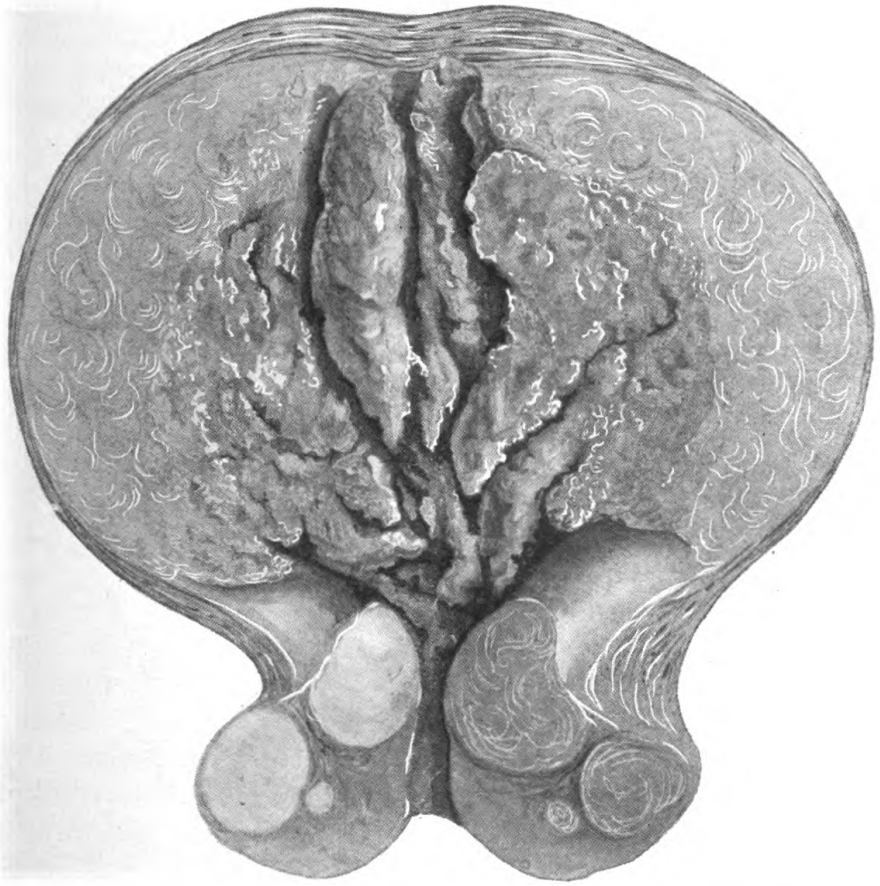
In the first place it should be noted that all *irregular* bleeding demands more consideration than does simple excessive loss at the normal epochs of the menstrual cycle. Occasional bleeding, much or little, between the periods, requires attention; bleeding brought on by physical exertion—walking, straining at stool, is a danger signal; still more so is bleeding occurring in relation to marital intercourse. This is not seldom the first warning, and of its possible significance, every nurse and married woman should be informed. Happily not every case of this kind is a case of cancer. The intermenstrual "loss" may be like a duplicate period; or an occasional "show," lasting a few minutes at a time or a day or two; or it may be a more or less constant oozing, of a brownish or pinkish colour. The same kind of discharge may come on only occasionally. Where menstruation is fairly regular there may be between the periods, a discharge of a dirty, yellowish colour, usually of an acrid irritating kind, or a thin, watery discharge may be present. If, with this kind of discharge, there is an offensive odour, the evidence of cancer is still further confirmed, and a later stage of the disease, where breaking down is commencing, has probably been reached.

When any of these symptoms come on after "the change" has taken place, the need for investigation is more imperative still. On no account must the patient's verdict be accepted, that it is a return of the period or "due to the change." Whether they arise during full menstrual activity, at or near "the change," or in old age, they must receive skilled investigation. They do not always and inevitably "spell" cancer, but the proportion of malignant cases under these circumstances is very large.

There are two fallacies which ought to be indicated. Patients often say, regarding their case, that they cannot be suffering from cancer, because they have no pain. Pain is usually a late symptom of the disease; to wait for investigation and treatment until pain has developed, is to wait until treatment may be useless.

Another fallacy is that all cancer patients have a pale and sallow appearance and are losing flesh. This

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UTERINE CANCER. SHOWING EXTENSIVE INFILTRATION OF UTERINE WALL AND SOME SEPARATE NODULES SUPPOSED TO BE MYOMATA.

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certainly is not the case. Some patients with certain forms of abdominal cancer, go on to their death ruddy and fat. Cachexia is probably more often due to septic absorption from breaking down of cancerous tissue, than from a spread of the new growth itself.

The finding on examination need not be gone into here. The physical signs vary much with the site of origin of the disease and the stage to which it has advanced. They are also so well-known to medical practitioners that to enter into detail is not necessary. One of the earliest warning physical signs is a trace of blood on the examining finger of the doctor. Perhaps I may be forgiven the suggestion that it is most important that a local investigation be made on the slightest suspicion of any symptoms such as I have detailed. Valuable time is often lost by a " wait and see " policy, whereas only good can accrue, even from an examination with negative results.

Should this article meet the eye of any non-medical readers of the " HOMŒOPATHIC WORLD," it may occur to them to say " if cancer is incurable why bother about investigation or treatment? " The reply to such an enquiry, not unnatural in itself, is that though there is no one definite " cancer cure," much may be done to retard, to relieve, and to prolong life.

The primary object of this paper is not to advocate either medicine or surgery, but to insist on the importance of early investigation and diagnosis. It is not intended to prove by statistics the truth of the assertions made—most of which are commonplace truisms—but to emphasise them by re-iteration. By this means perhaps some lives here and there may be saved. Without amounting to proof, the statements advanced may be accepted as well recognised. The cases which I will now proceed to narrate are intended to illustrate their importance, rather than to defend their accuracy, which will hardly be challenged.

Three cases have been mentioned where surgical treatment was out of the question, and nothing remained but palliation and such easing of suffering, as medicinal and local means allowed. In some cases of course, surgery, though possible, is undesirable.

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In most, however, early operation affords the patient the best chance, and in no way excludes the use of appropriate medicinal (" constitutional ") measures, or the exhibition of X-rays or of *Radium*. While as I have said it is not my first object to recommend operation, my opinion, based on some amount of experience, of investigation and research and of speculative reflection —is quite a definite one. It is placed on record here for what it is worth and not as a novelty.

Operable cases of cancer—I am referring primarily to uterine disease—should be operated on without delay and medicinal treatment should be commenced and persevered with, in the hope of preventing a recurrence. Unless unwisely chosen, good hope may be entertained of prolonging life and relieving suffering; bleeding can be arrested and debilitating, distressing and disgusting discharges removed.

Another case which has recently come under my notice is less advanced than those I have already narrated. Though too far gone to be a hopeful case, it was sufficiently favourable to attempt operation, mainly because the chief and probably the original seat of the disease was in the body of the uterus. A lady who had borne three children—the last sixteen years previously—was sent to me by a colleague. She was fifty years of age; she put down the date of " the change " as three years before, but could not be certain, because she had had irregular bleedings during that time, sometimes with long intervals of freedom. Latterly she had had some bleeding sufficiently severe to be called floodings, and between the attacks, a watery discharge, occasionally slightly blood-stained. She had no trouble with her bladder, except occasional disturbance at night.

On examination, the body of the uterus was found to be enlarged to the size of a cricket ball and to be retroverted and rather soft. Its mobility was somewhat lessened. No enlarged glands could be felt. Operation was recommended, and a few days later panhysterectomy was performed. A the time of operation infiltration was found extending to the surrounding tissue. The utero-sacral ligaments were

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thickened and hard, the ureters were dragged down and required dissecting out. A drawing of the uterus is shown in the attached figure (p. 153), and very extensive involvement of the whole organ is seen. Some of the nodules appeared to be uterine fibroids, which had undergone infiltration with cancer cells, but the microscope suggests the probability of these being secondary deposits—on the surface of the body and in the cervix. How far this patient will ultimately benefit by an operation it is impossible to say. Recurrence will almost certainly take place, but in the meantime many foci of extension have been removed, a large bleeding area no longer exists, and the patient made a speedy and easy recovery from the operation. Treatment can be adopted to retard the further development of the disease, and a distinct gain in time and comfort will have accrued. Here again the shadow of "the change of life" obscured the issue in the patient's mind. Had she realised that the symptoms were due to disease and not to a normal but erratic state, she would have applied for advice two years earlier or more.

The case of a single lady sent to me by Dr. Fergie Woods, was less advanced and the result proportionately more encouraging. In January, 1913, this patient was fifty-three years of age, and had been suffering for nearly two years with irregular bleedings and thin blood-stained discharge of an unpleasant odour. She considered that these symptoms were due to "the change of life." She was thin and had a cough, and had long-standing indigestion. Examination of the interior of the uterus and a microscopic investigation of the curettings confirmed the diagnosis made clinically. The uterus was subsequently removed, except a small piece of the healthy cervix; the cancer was confined to the body of the uterus. Three years later the patient is well, has gained flesh, has had no bleeding or discharge since the operation. She is active and is leading a useful life and has no evidence of recurrence. She has been assiduously treated by Dr. Woods, with constitutional remedies as required from time to time. There can be no doubt

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that this patient, if not operated upon, would either have been dead by this time, or would ere this have been wishing for death to release her from an existence of ever growing misery and exhaustion.

Mrs. O. was a hospital patient and her case does not strictly come within the scope of this paper, for she was but thirty-two years of age when she came under observation, and consequently was not near the change of life. The case shows the importance of taking heed to the warning symptoms, even apart from the menopause. In 1909 this patient suffered from excessive menstruation and offensive intermenstrual discharge. Under treatment she got well, and when, in 1912, she returned for advice, she said she had " been splendid nearly three years, until four months ago." During that four months she " had never been ' clear,' " except for a few days at a time and never longer than four days together. During those intervals she had thick white and pinkish discharge, of an unpleasant odour. The cervix was found to be rough and the margins of the os hard and raised in patches, which bled on being touched by the finger during examination. The microscope revealed epithelioma of the cervix. The uterus was removed. Beyond suffering from flushes and " debility," she has remained well since the operation and shows no evidence of recurrence, although careful examinations have been made from time to time. Occurring in so young a woman, and starting in the cervix, the fear of an early return of the recurrence was entertained.

I have on more than one occasion referred to the case of a lady under my own care who had had several children. At the age of fifty-seven she developed ome of the suggestive symptoms I have referred to. Examination revealed well-marked cancer of the neck of the womb, confirmed subsequently by the microscope. The lady was a delicate subject, and stood operation badly, so that I could not effect as complete a removal as I intended. I anticipated an early resumption of the activity of the disease. As the years go by without any sign or evidence of recurrence, one may almost speak of a cure in this case. It is now

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nine years since her operation; she has lived through many trials and vicissitudes since then and has had more than one bad illness, but she goes bravely on.

The last case I shall bring forward is that of a woman, aged thirty-eight, who had borne children and was complaining only of irritating leucorrhœa. The routine of examination in the out-patient department showed the uterus to be enlarged and the cervix hyperplastic. "Around the margin of the os a raised reddish surface with a papillary appearance" was found. It resembled an ordinary "erosion" but was harder than usual and more raised. Microscopic examination revealed "commencing malignant adenoma."

In April, 1901, vaginal hysterectomy was performed from which the patient made an easy recovery. In 1904 a raised, soft, florid area was discovered at one end of the scar, which was nodular and seemed adherent. As a precaution this was excised and the fears of a recurrence were happily removed. The raised patch was due to a silk stitch which had been only partially absorbed; the strands of it were plainly seen in the microscopic section.

It is now fifteen years since the original operation, and the patient reports herself occasionally for medical ailments. A few days ago I had the opportunity of examining her and found the scar and pelvic cellular planes free from infiltration.

My object in bringing forward the cases quoted, is to show the necessity for attending to the earliest symptoms and to prove how important it is not to ignore the smallest detail or to take anything for granted without investigation. The knowledge that women so often hug the change-of-life-theory to themselves, as an explanation for all sorts of infirmities and so delay seeking advice has led me to write this article. If its warnings be heeded, suffering and early death may perchance be averted for some.

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OUR INADEQUATE DIAGNOSTIC METHODS.

By PHILIP RICE, M.D., San Francisco, Cal.

(*Continued from* p. 132.)

Embryology teaches that the development of the vessels and that of the viscera and that of the visceral cavities are proportionate to one another. Physiology demonstrates that the absolute and relative maximum function of an organ is in relationship with its development. Anatomy, physiology and pathology demonstrate that relations exist between the arterial, venous and lymphatic circulations, and all the organs and systems of the body through these circulatory systems. Hence it must follow that the conditions of development of the arteries, veins and lymphatics in any part, or in the whole of the organism, being variable in different individuals, establishes through the nutritive processes special morphology, *i.e.*, special internal environment and, therefore, special predispositions and susceptibilities according to the principle of functional correlations. The meaning of all this in a word is that, as we are constructed, so are our functions and reactions, our predispositions and susceptibilities; which means our diseases.

We have learned by experience to distinguish between certain constitutional types. We are not able always to give clear and scientific reasons for our conclusions, yet we are convinced of the reliability. We recognise the phthisical type, the rheumatic, the dyspeptic, the lymphatic, etc., and we recognise a distinct predisposition to certain morbid conditions in each. That these predispositional states must be taken into account in making a diagnosis cannot possibly be disputed.

Recognising these as important, it is our duty to develop a method of examination which will reveal to us the underlying morphological factors and enable us to analyse each individual case in a scientific manner, setting aside vague generalisations for exact and definite criteria. With suitable instruments nearly every organ and part of the human body can be accurately measured. Those which are beyond the

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reach of instruments, can be fairly accurately estimated by studying the relationships between these organs and parts which can be measured. Of this, more later. The purpose of these measurements is, of course, to determine the absolute and relative development of the various organs and parts, and this can be done by no other process of examination. In this way only we are enabled to discover data upon which we can base a judgment of the value of morphological relations.

The warrant for this procedure we have in the practice of taking measurements of children, a procedure we have enagaged in for a number of years; and from the data thus obtained, we have drawn many very practical conclusions. Why then not take measurements of the adult body? If this procedure teaches us something about infant physiology and pathology, why not of adult physiology and pathology? We recognise the fact that certain organic relationships are characteristic of child life as, for example, a long spine and relatively short legs, excessive developments of the upper abdomen, etc. This we have learned by taking measurements, And we have learned too that with these characteristic anatomical states we find certain characteristic physiological functions. Those same proportions which are characteristic of child life are frequently met with in the adult. Now, if they indicate a certain kind of function at one age, will they not do so at another? And, if we can determine this by certain measurements at one age, why not at another?

Instinctively the question arises as to a standard of measurement. Is there such a thing as a perfect human type with which we can compare the individual? No, there is no perfect human type; such a thing is a mere conception. But what we do have, and what is better by far, is a perfect morphological type of individual; this is a reality. From innumerable facts gleaned from thousands of examinations we can construct an ideal type, knowing the morphological attributes of a perfect individual. Perfection, let me say, does not consist in all measurements

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agreeing with certain definite figures but, rather, in all parts being in morphological accord or balance.

In the ideal type the following relationships are found :—

(1) The stature is equal to the distance from tip to tip of fingers—arms extended.

(2) The thoracic circumference is equal to one-half the stature, less 5 per cent. in woman.

(3) The length of the sternum is equal to one fifth the thoracic circumference.

(4) The length of the abdomen is twice that of the sternum, measuring from end of sternum to crest of pubis. The abdomen is divided equally at the centre of the umbilicus.

(5) The bi-iliac diameter is four-fifths of the length of the abdomen, plus 4 per cent. in woman.

In addition to these, certain other relationships must be observed, for example, those between the arms and legs, between the length of spine and arms, the spine and legs. Long arms and short legs, for example, are indicative of a lower and coarser type of being. These are common traits of primitive man ; and that we find in them distinctly different predispositions, susceptibilities and reactions from those found in the medium types is well-known. Then, too, we find this disproportion in the very highly developed ; and it always indicates, let me say in passing, a neurotic disposition, eccentricities, lack of balance.

The ensemble of the morphological attributes which are met with in an individual we will call morphological combination. That the number of combinations is as extensive as the number of individuals, of course, is a fact and makes the method, at first thought, appear too complex and cumbersome to possess any practical value ; yet this it positively is not.

To begin with we have after all but a very limited number of organs and systems to deal with ; a small number of basic factors to consider, no matter what may be the number of individuals. The structure of each we know and the character of the function we understand quite fully. Hence it comes down to first determining the absolute development of

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each organ and system and the vigour of the functions, and second, determining the relative development and function between organs and systems; that is to say, determining the influence the various organs and systems exert upon each other. In one person we find one organ or system dominant and in another a different one. But, knowing the functions, we are able, when we know the degree of development, to form an accurate judgment of the vigour of function of the various organs and so a judgment of the predisposition and susceptibility which result from excess and defect.

Hence we can proceed to arbitrarily classify the human family according to the dominance of organs. For example, we put in one class, and for the sake of convenience call this class that of the first morphological combination, those in whom we find:—1st, distance from tip to tip of fingers, arms extended, is greater than the stature; 2nd, thoracic circumference is less than half the stature; 3rd, sternal length is less than one-fifth the normal thoracic circumference; 4th, abdominal length is deficient, the xipho-umbilical length is excessive, the umbilico-pubic being deficient; 5th, the bi-iliac diameter deficient; muscular development unequal; deficient spinal length. There are other factors to be considered in the individual analysis but, not to complicate the illustration, these will suffice. The purpose in this discussion after all is merely to show the application of the method.

Now what is the diagnostic significance of these inharmonies. 1st, functional anomalies of the nervous system manifesting neurotic symptoms owing to the unequal distribution of nervous energy and resistance. This is indicated by the excessive length of limbs in relation to the spine; 2nd, deficient nutritive function in general, owing to deficient development of the abdominal organs and lungs. The upper abdominal organs though on the whole deficient, still are excessive when compared with the thoracic and lower abdominal development. This disproportion results in venous stasis in all the mucous

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membranes and parenchymatous organs, in the intestines, resulting in hæmorrhoids, constipation, dyspepsia, disposition to hyperæmia of the liver and kidneys, so-called bilious symptoms and headaches, imperfect oxygenation of the blood and imperfect elimination of waste, catarrhal symptoms, etc.

The deficient pulmonary and proportionally excessive hepatic development predisposes to an increase of the right side of the heart and a corresponding decrease of the left. This means increased intra-pulmonary pressure and in turn increased intra-venous and intra-lymphatic pressure and poor circulation. Here we find a soil or state which is most susceptible to tubercular invasion; an organisation with the strongest kind of a predisposition towards this disease. But let there be any other morbid process established in the individual and the influence of this peculiar morphological state will be stamped upon the course of the symptoms. It cannot be difficult to see from this how absolutely essential is an understanding of human morphology in the science of diagnosis, and how inadequate and empirical are our present methods.

This I am ready to confess is a very superficial and imperfect presentation of the subject. My only excuse for presenting it in this shape is, as has been said, simply to show something of the application of the method; to point out something of its importance in the field of diagnosis; and surely it requires no great stretch of the imagination nor great effort of the mind to see this. An examination and analysis of the individual patient on these lines means going from one factor to the next in logical order and arriving at a logical conclusion; it means discarding the unscientific and indefensible method of empiricism for the accurate and scientific; and it results in a clear conception of the individual constitution in its potential as well as in its actual state.

The morphological method is in the strictest accord with the laws of organisation, with the principles of evolution, of correlations of organs and functions.

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It teaches us the philosophical principle and the logical method of reasoning as well as accurate methods of observation and experiment. It is individualistic and, therefore, naturalistic.

Now, taking this method of study over into the realm of therapeutics, we find that its application to the subject of materia medica is no less practical than to the subject of diagnosis. After all, selecting the appropriate remedy for a given case is nothing more or less than making a diagnosis. The action of drugs on the human organism is in no way different from the action of morbid forces. Both are inimical to health, to the balance of functions.

Since, as we have seen, the character of the reactions from the influence of morbific agencies is determined by the character of the organisation, so it must follow that the character of the symptoms which result from the influence of a drug is likewise determined by the character of the organisation. And, as it is true that the study of materia medica is nothing more or less than the study of the reactions following the administration of drugs, it logically follows that a study of the character of the organisation which modifies and determines these reactions is imperatively necessary in order to gain a sound understanding of the sphere of a drug. As in disease, so in the study of the symptomatology it is necessary that we go beyond the symptoms into the field of the facts from which they spring.

That a given drug does not produce the same results in a number of different individuals is a well known fact. This difference can be accounted for on no other ground except on that of difference in organisation, thus proving a relation between organisation and symptoms. In a general way we classify drugs according as they dominantly affect one system or another; which is another proof that character of organisation determines the sphere of action. Drugs whose sphere of influence is exerted upon the nervous system have little influence upon individuals in whom the nervous system is greatly overshadowed by the lymphatic or osseous development.

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Again, drugs whose action is specifically upon the portal system can have little influence upon persons in whom this system is deficient and some other excessively developed.

This relation between organisation and symptoms leads to the conclusion that a comprehensive record of the sphere of action of a drug must include an accurate statement of the character of the organisation most susceptible to its influence. The character of the organisation being one of the chief causes of the particular effect, it is as essential in the record as is a record of the symptoms. Only as we understand cause can we understand effect. To stop at effect in any inquiry is to ignore that which is most fundamental in the whole question; and with the result that a sound conclusion, if ever reached at all, is purely accidental.

A reproving and a reconstruction of the materia medica is urgently needed. We dare not longer delay in this task. The morphological method of analysis of morbid processes supplies us with a rational basis upon which to proceed, for not only are we with it able to develop symptoms in a test as we have been doing, but we have a key which unlocks to us the mystery of the vital processes which result in symptoms. This method of analysis reveals to us the hidden process, temperamental and morbid, preceding pathological states, and likewise it explains the causes which determine the peculiarities in expression of symptoms in a drug test and in a large measure accounts for the symptoms themselves.

LETTERS FROM THE FRONT.

Y.M.C.A. Box,
British Base Post Office,
Salonica,
February 8th, 1916.

DEAR DR. WHEELER,

In spite of submarines we arrived here safely nearly a fortnight ago. As there was brilliant sunshine our earliest impressions of Salonica were as pleasant as they

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well could be. The city reminds me of Constantinople, though it does certainly lack the strange charm that hangs about the latter city. But there are the unimaginably ill-paved streets, the thousand conflicting odours, the many coloured crowds, and sometimes the same glorious sunshine and blue sky. After the first two days we had days quite cold and nights intensely so—sleeping in our tent it was impossible to keep warm. But for this week, though the sun has gone, both days and nights are warmer—warmer than you have at home, I am sure.

On the way home from Malta we called for twenty-four hours at Piræus, and of course pretty early in the morning took the train for Athens. We were fortunate enough to have in our party Rev. Johnson, of the British Red Cross Society, who subsequent to a chaplaincy in Corfu some years ago, had spent a week in Athens. With him as guide we were able rapidly to hunt out, in the National Museum, objects of peculiar interest without wasting time on those of minor importance. My Philistine taste drew me to a small room crammed wth Byzantine objects, but Mr. Johnson, who is a passionate admirer of ancient Greece, refused to let me linger. The steles found upon graves touched me most. I find, though we spent so little time there, the impression they made upon me at the moment seems only to sink deeper as the days pass. The restrained dignity of those farewells carved in stone is magnificent.

We had in our party a young Greek, returning from London for service in the army who most generously devoted the whole of his first afternoon at home to showing us round, while our friend Johnson was away on an expedition outside the city. We just had time to visit the new stadium, the temple of Theseus, and the Acropolis. As we reached the top of the hill just at sunset we were unable to enter and go round the Parthenon as we had hoped.

Everywhere there was evidence that the people of Athens are really trying to beautify their city. If it ever was anything like Salonica, what they have done is wonderful.

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Salonica, indeed, is totally unlike Athens. The streets are narrow, tortuous and filthy. What they were in the early winter after continued wet, one can only guess at. Probably in normal times they are no more than equal to traffic requirements, but now, with the French and English armies round about, to say nothing of Greek and Cretan contingents, the congestion is beyond description. To begin with there are the usual trams, carriages, tradesmen's vans, long, narrow lorries, and bullock carts. Add to these heavy motor-transport cars, Daimler's, Berlioz, London General Omnibus Company's, Studebaker's, etc. French and English; horse and mule transports, French cavalry, motor-cycles and motor-ambulances, and you can conceive what a state the city is in. What interstices there are, are filled with pedestrians. Wide open ditches run through the city, like the near-dry beds of small rivers. They are useful as sewers. In one, not five hundred yards from where I write, there has lain a dead dog for the last forty-eight hours to my own knowledge. I am assured it might just as easily have been a dead mule, or horse, but in that case the hide would have been removed long ere this by some enterprising marauder. This sort of thing I met with in South America, but there the dry climate has a certain sterilising effect which no doubt preserves the cities from certain pestilence.

In spite of all that, it is my most constant regret that our incessant work in our tent makes it impossible for me to get out and prowl round and round this fascinating city. We are simply beseiged all day long by hungry and thirsty Tommies. There is room, and demand, for a dozen centres like this single one, but we have neither tents, huts, workers, nor supplies. Of the latter, indeed, we can never get enough to supply this one small marquee. Figure to yourself the dismay in camp when yesterday we reached the end of our supply of Player's Navy Cut cigarettes—the only English brand we have been able to get. No more are to be had in Salonica, and now here we are, all of us reduced to those of local manufacture. And there are even no "Turkish" ones to be had either. No one

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can guess when we shall get any more. With hardly any exception, the prices ruling in the towns are appalling. We brought 50 kilos of sugar two days ago and paid cash, one hundred drachmai (value 10d.) per lb. £4 less than a "Tate" box-full. Tea is 6s. per lb. A small room, furnished, like my own at West Hampstead costs £1 a week rent. Fortunately we have a bell tent, and Parr and I occupy it, while our chief lives in the aforesaid room. Tins of pineapple, pears, or apricots, like those at home sell for 3.50 each (2s. 11d.), but we get ours from the Force canteen.

The harbour is magnificent, and littered with shipping of every kind, battleships, passenger boats, sailing ships from the islands and small boats innumerable. Should any additional air-raids we may experience spare me I hope to see more of it for I delight in shipping.

Before leaving at the end of my term here I want to visit a local hospital, some churches, mosques, and schools, and also to learn something of the educational system of the country. But at present there isn't so much as half an hour to spend on things like that.

Monday afternoons are rather desolate times for me. I think of Ormond Street and ache to be there.

I hope you are well. I am in fine form. The above is my safest address while here. I wish you might send me an occasional paper, but I know the authorities prohibit that to neutral European countries.

With best regards,

Sincerely yours,

STANLEY FRANKLIN.

STRONTIUM CARB.—*Strontium carb.* after a major surgical operation, when intense prostration, coldness, much oozing of blood follow, and the patient desires heat and is aggravated by the least draught of cold air. *Stront. carb.* brings comfort to this patient.

LEDUM PALUSTRE.—*Ledum* is another remedy for puncture-wounds: Wounds made by awls, nails, rat-bites, stings of insects, particularly for mosquito-bites. Wounds from stepping on tacks, puncturing with needles, running splinters into the hand or under the nail appear much like *Hypericum*; when the injured part feels cold, is puffed, pale, mottled, give *Ledum*.

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SOCIETY MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Sixth Meeting of the Society was held on March 2nd at the London Homœopathic Hospital, Dr. C. E. Wheeler in the chair. After preliminary business, Dr. Currie was proposed for membership. Dr. W. Cash Reed of Liverpool then read his paper on the "Psychology of the Hospital Patient," a paper remarkable alike from a professional, a humanitarian and a literary point of view. We hope to reprint it in these pages in some future issue. It made a great impression on the audience, and was well discussed by Dr. Byres Moir, Dr. E. A. Neatby, Dr. Burford, Dr. Wynne Thomas, Dr. Cronin, Mr. Dudley Wright, Mr. Knox Shaw, Dr. Goldsbrough and the Chairman. Dr. Cash Reed briefly replied.

REMEDIES IN NERVOUS DISORDERS.—The old school has *Iron*, *Arsenic*, *Phosphorus*, *Strychnia*, and the hypophosphites, and so have we. But we have in addition such valuable remedies as *Zincum*, with its characteristic indications of backache, burning down the spine, weakness, formication, physical depression as well as cerebral exhaustion; *Picric acid*, with inability to use the mind without causing distressing headache, the brain fag of literary and business people, pain, when in the occiput extending down the spine, *Anarcardium*, with its defective memory, indigestion or gastralgia, liability to colds, inclination to keep quiet; *Erythroxylon coca*, when sexual excesses or the excessive use of tobacco, with or without overwork, have disordered the nervous system, as particularly evidenced by cardiac and respiratory disturbances; *Gelsemium* and *Nux vomica* are both as efficient when indicated as are those great standbys already mentioned,—*Arsenicum*, *Phosphorus*, and *Strychnia*: and *Valeriana officinalis*, in nervous gastric disturbances, the hysterical temperament, excessive nervous excitability with neuralgia or sciatica, and not infrequently when other remedies have failed.

For sleeplessness we are not confined to the bromids, chloral, and *Opium* preparations, nor yet to the coal tar preparations. We have other resources of great value, such as *Belladonna*, *Hyoscyamus*, *Stramonium*, *Ignatia*, *Cimicifuga*, *Coffea Calcarea carbonica*, *Aconite*.

When these cases come under our care, we must forcibly detach them, if necessary, from wonted surroundings, the constant friction of accustomed routine, the irritation of well-meaning members of the family or uncongenial business associates. We must effect oftentimes, a revolution in habits of life as in habits of thought.—*Givens*.

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HOSPITALS AND INSTITUTIONS.

LONDON.

THE Annual Meeting of the London Homœopathic Hospital was held on March 15th. We expect to print a full account of it in May: for the moment we need only say that it was a very successful gathering. There is a small diminution in expenditure and we regret to say a larger (but not very large) diminution in income. We are glad to record £1,000 given from King Edward's Fund and a contribution (the first) from the Alexandra Day Fund. The Hospital Saturday and Sunday Fund contributions are also larger.

LIVERPOOL.

AT the Annual Meeting of the Hahnemann Hospital a very just complaint was made that this institution has not benefited by any recent street collections for similar organisations. The report is a very satisfactory one: forty-six beds are set apart for soldiers, and 51,936 visits and attendances have been paid at the Dispensaries. We hope our colleagues in the future will receive more of the public support, which they richly deserve.

FOLKESTONE.

THE Folkestone Dispensary has done well last year, very well indeed when the regrettable illness of Dr. Murray is taken into account. 162 cases with 833 attendances and only two deaths is an admirable record for a small institution, and now that Dr. Murray is happily better, Folkestone can look forward confidently.

CROYDON.

THIS Dispensary has reached its seventeenth report, and the work still keeps well up to the mark, and there is only a small deficit in the accounts. 3,537 attendances and 670 home visits make up a good record.

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BOURNEMOUTH.

Dr. Byres Moir presided at the Annual Meeting of the Hahnemann Convalescent Home and Dispensaries and made an interesting speech on the problem of Tuberculosis. The Memorial Chapel to Dr. Herbert Nankivell has been completed and dedicated. 127 patients from all parts of the kingdom have been treated, and 4,023 dispensary attendances and visits recorded. There is a good credit balance, which is highly satisfactory.

PLYMOUTH.

The finance of this Hospital is fairly satisfactory as regards maintenance, but help is badly needed for the debt due to extension and re-building. The debt is £2,473 on this account. The work of the hospital is so admirable, that help for it should, even in these days, be forthcoming. 247 admissions, 288 operations, 1,357 casualties, 1,596 medical attendances, and only thirteen deaths make up a record for the year which testifies to skill and hard work. Twelve beds have been offered to the Services and six naval officers treated.

NOTIFICATIONS.

*** Under this heading we shall be happy to insert notices of appointments, changes of address etc., and holiday arrangements.

Dr. A. Roberts.

Dr. Arthur Roberts has removed to 13, *Park View, Harrogate*, Telephone, 1024.

Dr. O. Lewin.

Dr. Octavia Lewin has returned from France and has resumed work at 25, *Wimpole Street, S.W.*

Dr. C. E. Wheeler.

Dr. C. E. Wheeler has left 35, Queen Anne Street: Address for the present, *Garryowen, Putney Hill.* Consultations by arrangement.

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH FEBRUARY TO 15TH MARCH, 1916.

GENERAL FUND.

SUBSCRIPTIONS.

	£	s.	d.
Miss A. P. Fowler	1	1	0
C. E. Tamplin, Esq.		10	6
Miss T. Gosse		10	6
W. H. I. Pryer, Esq.	1	1	0
Mrs. Kelsey	1	1	0
A. S. Thew, Esq.	1	1	0
W. Lewis, Esq.		10	6
Dr. Granville Hey	1	1	0

DONATION.

J. A. Agnew, Esq.	1	0	0

NATIONAL HOMŒOPATHIC FUND.

SUBSCRIPTIONS.

Mrs. Oliver	3	3	0
Mrs. Eugene White	1	1	0
Miss Maude Hook	1	1	0
Frank Sellars, Esq.	1	1	0
A. Powell, Esq.	1	1	0
J. C. Weston, Esq.	1	1	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 14th March.

A meeting of the Beit Research Fund Committee was held at Chalmers House on Tuesday, 14th March.

GERMAN GASES, MADE FROM SEEDS OF A PLANT GROWN IN VENEZUELA.—A Sicilian merchant who has just returned from Venezuela says German agents long before the outbreak of war had started an extensive exportation of the seeds of a plant called *sabadilla*, resembling oats, which grows wild throughout the Republic.

Sabadilla has a pungent smell which irritates the eyes and causes difficulty in breathing. The Germans explained that the plant was used for medicinal purposes, but it is now discovered that it is used for the manufacture of asphyxiating gas.

Sabadilla (*or cevadilla*) is known in medicine as the seeds of *Schœnocaulon officinale*, or caustic barley. The seeds have a bitter, acrid taste, and are poisonous to dogs and cats, but are used as a remedy in various complaints.—*Daily News*.

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EXTRACTS.

RADIUM: A PROVING AND CASES.*

By Dr. G. Raye.

[The following letter, kindly sent me by my correspondent, contains such striking experiences of *Radium* effects, and such definite modalities, that it forms a valuable addition to our knowledge of the remedy. The sudden shock of pain on the left side of the head experienced by the prover confirms Dr. Molson's experience.—John H. Clarke.]

Pan Bazar, Gauhati P.O.,
Assam, India.
January 13th, 1916.

Dear Dr. Clarke.—Your book, "*Radium* as an Internal Remedy," especially the sentence therein, "I most cordially invite the homœopathic body to do their utmost to develop this potent remedy," has led me to believe that the following which I take the liberty to send you will be of interest to you.

About two years ago my friend Prof. De, of the Cotton College, delivered a series of lectures on "*Radium*" in the United Club, and requested me to say something on "*Radium* in Medicine." To prepare myself for the occasion I began to study all the literature available on the subject. One day, when I was going through some of them, I received a parcel of homœopathic medicines. I opened it and found among others a phial of *Rad. bro.* 30. Owing to the remark of Nash, "I take no man's *ipse dixit*, but prove the new drug whenever I get one. I try it first on myself." I therefore took up the phial of *Rad. bro.* 30, poured six drops on a small quantity of *Sac. lac.*, and put the whole thing dry on my tongue at about 9 a.m. Instantaneously I got a shock on the left side of my head, and seemed to be dazed. Shortly afterwards I was sent for by Prof. Bhattacharjee for his child. I went there, but seemed to be as in a trance. When I examined the child I failed to realise what I saw.

* From the *British Homœopathic Journal*.

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I returned at about 10.30 a.m., but in a stunned state. At about 11 a.m. I regained the normal condition. Just after a bath the dazed condition returned and continued till some time after breakfast. At about 6 p.m. I got a very bad headache, affecting only the left side, which became < after dinner, but subsided with the sleep in the night.

Second day: I took four drops of *Rad. bro.* 30 at 9 a.m. The shock and the dazed feeling returned, but in a much milder form, and lasted only for about half an hour. Precisely at 6 p.m. I got the left-sided headache, which became < after dinner, but subsided with the sleep.

Third day: Pain on a small circumscribed spot of the left side of the penis; dazed feeling after cold bath, continued some time after breakfast; left-sided headache at 6 p.m.; < after dinner and on motion.

Fourth day: Cluster of small painful pimples (like herpes) on the painful circumscribed spot on the prepuce; dazed feeling after cold bath and breakfast; left-sided headache from orbit to the nape of the neck at 6 p.m., subsided with the sleep; < after dinner and motion; prurigo all over the body when in bed, without any eruption.

Eighth day: Sore throat in the morning; cluster of painful pimples on circumscribed spots on the left side of the scrotum; left-sided headache at 6 p.m. < after dinner and on motion, subsided with the sleep; prurigo all over the body when in bed in the night, without any eruption.

Fifteenth day: Sore throat in the morning, < as the day advanced; circular cluster of painful pimples on the left groin and the gluteal region; left-sided headache at 6 p.m.; prurigo in the night when in bed.

Twenty-first day: Sore throat; circular cluster of painful pimples also on right sides of the lower parts of the body (penis, groin, gluteal region and thigh); headache at 6 p.m.; prurigo in the night when in bed so violent that not a wink of sleep could be had.

Twenty-third day: Sore throat getting worse; pimples became so very painful that it was impossible

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for me to sit or move; headache as usual at 6 p.m.; prurigo in bed increasing in intensity.

Twenty-fifth day: As the provings could not be pushed further owing to all the symptoms getting graver day by day, *Rhus venenata* was taken.

Twenty-eighth day; *Rhus ven.* is being continued; slight amelioration of the symptoms.

Thirtieth day: *Rhus. ven.* being continued; most of the symptoms disappeared.

CASES.

(1) A child aged thirteen months, leucophlegmatic; fair with blue eyes; had circular patches of eczema all over the body, especially on the dorsal side of the lower extremities and on both the cheeks; the eczema appeared on the third month. He was treated by allopathic, homœopathic and Aurvedic practitioners, but with no improvement. I gave him a pilule of *Rad. bro.* 30. Improvement set in. After a week one more pilule was given. The child was all right within three weeks. The eczema was moist, < on bathing in cold water and in night when in bed.

(2) Mrs. R.——, a multipara, nine months pregnant; had pruritus vulvæ with follicular vulvitis and leucorrhœa; < in the night, especially when in bed. So violent it became that she could not sleep; suffering from insomnia; health completely broken down; eyes sunk into the sockets; all sorts of external applications tried, and all internal homœopathic medicines given, but to no effect. She said she was going crazy. A dose of *Rad. bro.* was given and she became all right within a week.

(3) Mr. G.—— had pruritus of scrotum for about five years; < from warmth of bed and after bath. It withstood all systems of treatment. I gave him *Rad. bro.* 30 in two doses, and he was cured in about three weeks.

(4) A boy, aged sixteen; troubled with chronic acneous eruption on the face; bowels disordered for about a year; stools loose, with mucus and much flatus; < in the morning; all remedies with morning aggravation were tried, but without any improvement.

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A dose of *Rad.* 30 was given, and all complaints disappeared after a week.

(5) A boy, aged two, had prurigo all over the body without any eruption; < when in warm clothing. A dose of *Rad.* 30 cured him.

Fraternally yours,
G. RAYE.

THE PHYSIOLOGY OF SCYBALA.*

BY SIR JAMES F. GOODHART, Bart., M.D., F.R.C.P.

INTESTINAL bricks and their mortar! Who pauses to think about scybala, beyond the fact that they indicate constipation and need a purge? Yet they may be instinct with physiological teaching if we can but read it. Of late years the investigation of the intestinal secretions and excretions has gradually asserted itself, and valuable knowledge of an exact kind concerning them is accumulating both from the side of biological chemistry and bacteriology. The bio-chemist has probably taught us most, although his line of research is not one of the most pleasant to follow. Bacteriology, on the other hand, would seem to lend itself to dreams of "The garden that I love," and to poetic imaginings of intestinal "flora." But intestinal horticulture is hardly in sight yet; we are all still busy practising our pothooks, outlines, and elements of perspective, and one is as yet rather framed in the mould of

> "Oh, give me air and syringe me with waters of Cologne!
> Dry as a *Hortus siccus* run to seed, and overblown."

But neither chemical nor bacteriological aspect is my purpose now; I propose to ask a question or two of scybala from the point of view of what I may perhaps call general intestinal function.

A man, say—for choice—is troubled with a bad pain in his abdomen, somewhere behind the umbilicus, or rather above it. It is chiefly a night or early morning ache, yet, more or less there is always a something there. All sorts of suggestions are of course made as to possible causes, but no evidence points to definitely

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any certain diagnosis. There is constipation, no doubt, and scybala have been noted as present in the bowel, and have been removed *secundum artem*, but —and this is my point—others have quickly appeared. Such an one shall tell you that within a short time the bowels acted with perfect regularity, and the condition is attributed to anxiety or worry. I have elsewhere mentioned just such a case. A man, who being of absolutely regular habits, had a severe nervous shock in a railway accident, and thereafter at once began to pass scybala of stony hardness, and no doubt my reader can supply many a similar picture from his own notebook, for it is indeed one of the commonplaces of medicine.

What does this mean? To murmur "constipation," and content oneself with a purge does not go to the root of the matter, for when one formation is cleared out another comes along. Constipation, no doubt favours the formation of scybala, especially in the sigmoid, but the occasional suddenness and rapidity of their formation is to me the interest of the condition. No mere sluggishness of the intestinal muscle will explain this. Though you clear them out, on come others; diet helps little; you may stuff and feed on anything and everything, and no beneficial effect is very evident, and unless the bowel be kept constantly on the run scybala will be present.

Putting, then, diet, both as regards quantity and quality, and drugs out of present question, it would seem that the phenomena must be due to the too rapid absorption of the watery constituents of the contents of the bowel, or to cessation of the formation of the succus intestinalis and mucus.

As regards a too rapid absorption of the intestinal fluids, there is, perhaps, not much to be said, yet there are interesting suggestions as to why it might be found in some of the phases of unnatural hunger that are met with in various deranged states of the abdominal nervous system. There is a condition well known of extraordinary and uncontrollable hunger that will attack some nervous subjects, perhaps when they are gouty, at any rate when they are not quite

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well, or before an attack of migraine, and which may well be due to a too rapid absorption of the contents of the stomach and intestine. I allude to this condition somewhat sympathetically because I often say that one who thus suffers may perhaps know something of the cravings of the drunkard from an appetite of this kind—certainly it is most difficult to resist. One might almost describe it as the luxury of sorrow, for although hunger is a pleasant sensation, this verily is a hunger pain. I remember many years ago an old friend, then demonstrating daily in the *post-mortem* room at half-past two, describing to me the extraordinary shifts he had been put to provide himself with a lunch that under the stimulus of mental excitement would not leave him empty and destitute in the middle of his lecture. If the drunkard's craze is anything like it, I can understand and sympathise with the dipsomaniac.

There are other clinical facts that bear upon the same question, such as the well-known cravings of pregnancy, also what I have elsewhere ventured to call hungry bowels, a restless abdominal condition where purgatives are in constant use to keep a bowel empty when its health and function depend upon its being moderately full, and where the patient will sometimes come and tell you spontaneously that he or she is only comfortable when the bowels have not acted. There is a habit of purging that induces constipation. So it seems not unlikely that too rapid absorption plays a part in some cases of scybalous formation, although perhaps not so much in the class of case now before us.

Nor do I know as regards the sudden cessation of the formation of the succus intestinalis that we are much better off as regards actual knowledge. We seem to think we know a great deal about the existence of a catarrhal state with an *excess* of the intestinal mucus, and in consequence are apt to lay far too much stress upon it. Having diagnosed a case as one of mucous colitis, it is forthwith locked up in the catarrhal and dysenteric group of intestinal ailments, treated in one of the more or less routine methods, of which the Plombière douche is perhaps the commonest, and then

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we would have done with it, only that it won't let us, for it is a most exasperating malady both to patient and doctor—in fact, both too often lose their heads over it, and I have often been shown a stool, as that of mucous colitis, when there has been no more mucus than one might expect to see in quite healthy conditions. As if it were a crime on the part of the mucous membrane to perform its natural and necessary function; and more or less—one day this, another day that—and not within the range of a natural and common oscillation. We have certainly not got at the back of mucous colitis, as some seem to think, when an excess of mucus is present in the stools.

But what do we know about dry bowels? Well, we know of a *dry* tongue, and a *dry* mouth, and a *dry* throat. We can see these, and they may perhaps be taken as presumptive evidence of the occurrence of a similar condition lower down in the intestinal tract. For the rest I can most conclusively appeal to a piece of experience that only those in the habit of examining the rectum as a means of diagnosis will fully appreciate. They will readily acquiesce in the statement that a dry mucous membrane in the lower bowel is by no means uncommon, through, as far as I know, it gives little or no discomfort. At any rate, I have frequently remarked its presence where no complaint has been made of local discomfort.

In such cases the mucous membrane is quite dry and generally coated with a thin adherent layer of fæcal matter. A similar condition is often seen in the colon in making *post-mortem* examinations, but this might possibly be a condition produced after death. One may well suspect, however, that some such state is not uncommon during life, and that if so, it has to do with this or that alteration of the intestinal discharges. It is the fashion just now to suggest an *absorption* toxæmia for all the results that follow upon intestinal derangement, but as I listen to all that is said on that behalf I wonder! Rather do I think that the *absence of absorption*, the *absence even of secretion*, claims no small share in abdominal malaise. I have appealed to the cleaving of the tongue to the roof of the mouth

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as a something we have all experienced in some degree as an immediate result of a sudden nervous shock or excitement, and I think it probable that a similar occurrence must be present in many of the intestinal disturbances and their consequences that are met with so commonly in general practice. The scybala thus formed come about as the effect of a splanchnic paralysis, the more or less of which will sufficiently account for the hundred and one different sensations and symptoms that are to be heard of in the neurasthenic patient and not alone in them.

A splanchnic paralysis of this kind is probably seen at its worst by alienists in profound melancholia, where not only is there the most obstinate constipation, but extreme emaciation also, showing that intestinal absorption and secretion both fail, as well as hepatic and other glandular actions.

Whether, then, scybala be the result of too rapid absorption or defect of intestinal secretion, it seems probable that in either case splanchnic control is behind it all.

Nor is the nature of abdominal and intestinal pain beside the mark in talking about scybala, for the passage of hard concretions along the colon is associated in some with very violent pain, as is also the formation of gas. In his Goulstonian lectures before the Royal College of Physicians, Dr. Hertz gave some careful observations made by him to show that the intestine has none of what goes by the name of common sensation —that is, if you pinch it, the stimulus is not recognised as pain. This is no doubt true; it is true also of the heart; and probably of a good many of our inward parts. I think one might almost say that we knew this already, for it does but illustrate a law of our being, that every pain is more or less special—peculiar, that is, to the region wherein it originates, or to the part wherein it is perceived. Thus, common sensation —a surface or skin pain—is a soreness, if it be possible to describe pain; then there is a serous membrane pain of pleura and peritoneum still more difficult to convey by word picture, because, perhaps, it is a mixed product of separate areas; different

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conditions thus combine, such as acute stitch, distension, collapse, all liable to vary much in different individuals. Again, there is the hot, burning wave of pain suggestive often of the passage of grit along a narrow muscular passage; there is the dull, dreadful ache of the sympathetic ganglia, well illustrated by the pain of angina, thoracic or abdominal; there is the pain of lumbago, cervical or lumbar; there is the neuralgic type of pain in neuritis of such parts as are subject to much energy of motion, such as sciatica, humeral neuralgia and tic; there are the various forms of headache, by no means like pain of other sorts; and also the various disturbances of special sense which, although they are not pain, are only not so because the disturbance they undergo is their pain and their only form of speech. I take it that the auditory nerve can only express pain as an acute exaggeration of its special sense, and sight, smell and touch in like manner. Thus all the varied nervous distributions are strung up their own concert pitch, and the intestinal nerves, as Dr. Hertz quite rightly points out, are only capable of a muscular pain, which is that of a cramp—let him describe it who can—acute or dull, sickening, depressing. Scybala of moderate size will often produce some little griping pain, dependent upon the muscular effort on the part of the bowel to rid itself of them, but the larger masses of which I am now more particularly thinking, seem to give very little, for the bowel is, as I suppose, paralysed and makes little effort. I have occasionally seen a case where scybala were supposed to be present with intestinal obstruction, but this is rarely the case; experience would teach that for the most part they are evidence against it. This leads me on to make the very obvious, but necessary, remark that these pains, and sensations that are equivalent to pain, vary *ad infinitum* in character or intensity. So much so is this the case that, interesting as most of them are to think upon and extract a meaning from, it is impossible to attempt any detailed description of them. One or two of the commoner forms can, however, be mentioned. And first of all I would speak of the dull depressing

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ache about or somewhere above the umbilicus already mentioned. It will often last more or less continuously for many days together, perhaps a week or two; some individuals are subject to it from time to time as a part of their life history. It is not altered much by food one way or the other, nor bettered by aperients. It disappears slowly—not flattering our treatment much. I cannot but think that this is an anginal form of ache emanating from the abdominal brain, a headache in the abdomen, and that it is associated with spasm or cramp of the colon. Probably this condition often passes under the name of flatulent colic, but flatulent distension is not a prominent feature; there is no doubt the *feeling* of distension and heaviness, and there may be, as is so well marked in many a case of angina pectoris, the eructation of wind, and even discharges of gas per anum, but these bring but little immediate relief to the pain.

Allied to this condition, but by no means the same thing, for there is not the same deadly ache attaching to it, that is so de-energising, there are many who describe a persistent discomfort and more or less actual pain, as of a muscular ache or soreness under the left ribs. This is associated with more or less flatulence, and with it there is likely to be constipation associated with spasmodic contraction of the colon, and the passage of tape-like stools that frighten a little knowledge into the fear of cancer. The descending colon or sigmoid flexure can often be felt thick and cord-like in the left loin or groin, and is tender. I imagine that these conditions of the colon must be due to some disordered state of the nervous supply to the bowel, and leading to a tonic spasm similar to that seen in the voluntary muscular system in tetany, with which, it may be observed, disturbances of the colon are well known to be associated.

And when talking upon such intestinal states as these, there is another not far removed from them which I try to bring in because I do not think it has ever received any pointed description, but which must be, I think, by no means uncommon in general practice, a general malaise that seems as if it might be akin to

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mal de mer. Certain people are subject to this condition from time to time throughout their active years. If it has never been described one may hazard the reason to be because it is indescribable. The patient himself can give little precise clue to his feelings, but it appears to be a life-is-not-worth-livingness that emanates from the splanchnic area of the abdomen, and is associated with evidences of all the secretions of the body having gone wrong. It is one of the group to which the term abdominal migraine seems to me fitly to apply, and as a morbid anatomist one's mind hovers over the pancreas. I am far from wishing to see things with a coloured vision, and such conditions as I allude to may be, in their origin, a toxæmia, intestinal, or uric acid, or what not. They may equally be initiated I daresay, by one of the many "itises" that exploit this part of the body, but if so they do not seem to respond to treatment undertaken on such lines; on the contrary, they have a tendency to run a certain course, irrespective of treatment, so that one is inclined to think of some such influence as a climatic one rather than organic change; and of watts, ampères or voltage, if there be such a measure, or their equivalent, of nervous current, than actual wear and tear.

But thoughts such as these are as shifting sands. Well do I remember that Sir Samuel Wilks would almost turn up his kindly nose if anyone began to talk about the sympathetic nerve. Steeped in the facts of the *post-mortem* room, the vasomotor system did not come within his view, and he rightly held that as yet we know nothing about it. More than that, if will be a long, long time before we do know enough about it to formulate our knowledge, and the scientific mind will have nothing to say upon agnostic matters. Yet, meantime, we doctors have to deal with deranged splanchnic function, and provided we do no more, there can be nothing but good to be got from guesses at truth. There can be no question that we all possess an abdominal brain and nerves; that this nervous centre is there to express itself in initiative and control; that it has extraordinarily sympathetic relations with

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the cerebro-spinal system; and therefore if disturbed or worried, some signs will be given if we can but read them.

In default, then, of adequate morbid anatomy, the times would seem even still to call for careful observation of morbid function by the physiologist and the physician, and betimes even, perhaps, for the guarded use of their imaginative insight, taking up its position at the point where, for the present, morbid anatomy has perforce to abandon it. At any rate, one may say this: that of all the interesting parts of the human body, the abdomen is probably one of the most so from the extraordinary vagaries of nervous action that are to be heard of therein. Would that circumstances would allow of the study of such maladies free from the terror of treating them that lies behind it, and unfortunately for meditation, fortunately, perhaps, for those who ask for relief from their distressful state, surgery has of late from a somewhat divergent point of view rather queered the physicians' pitch, rushing in where others heretofore had feared to tread and asked for time. I would be on the side of those others in this matter, hence these rambling thoughts when no sick one is ruffling the waters of my mental pool.

HARVEY, DESCARTES, AND MOLIÈRE.*

By George Pernet, M.D.

It is well known that the publication of Harvey's "Exercitatio Anatomica de Motu Cordis et Sanguinis in Animalibus" led to a great deal of virulent opposition on the part of the medical faculty. The circulationists and the anti-circulationists formed two contending camps, and, needless to say, the latter were far and away in the majority. But among the defenders of Harvey's ideas stood Descartes, one of the acutest thinkers of any time, and whose "Discours de la Méthode"—quite a small work, by the way—was destined to vastly influence philosophical thought and direct it into modern channels. René Descartes

* Reprinted from the *West London Med.-Chir. Journal.*

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was born at La Haye, in Touraine, in 1595, and died at the age of 54, at Stockholm, in 1650. In his earlier years he travelled in various countries, as was the wont of those days, and took part in the siege of La Rochelle as a volunteer. I am indebted to a recent monograph by Professor Le Double, an anatomist of Tours, entitled, "Bossuet: Anatomiste et Physiologiste" (published in 1913), for the fact that Descartes paid a visit to England in 1631, not long, therefore, after the appearance of Harvey's *magnum opus* (1628), which revolutionised, slowly it is true, our conceptions of the blood-stream and its mechanism. It is probable that the French philosopher met the physician of Charles I. on that occasion, though there is nothing in the available correspondence of Descartes on the point. In any case, it was about that time that Descartes repeated Harvey's experiments and demonstrated them to friends in order to establish the truth of the new doctrine which so scandalised the medical and scientific world of that time. In his "Discours de la Méthode" (1637) Descartes refers to the circulation of the blood as ascertained by Harvey. In his second reply to Riolan, Harvey dwells on the support given to his doctrine by Descartes, to whom he refers as *vir acutissimus ingenio pollens*.

It may be asked how it came about that the great Bishop of Meaux, Bossuet—best known as the eloquent preacher of stately funeral orations—dabbled in anatomy and physiology. In the seventeenth and eighteenth centuries the Court, the Church, and the nobility and gentry (as runneth the advertisement) took an interest in philosophy, especially that which went by the name of natural philosophy, and medicine. In England we need only recall, in passing, the Hon. Robert Boyle, Sir Christopher Wren, and the Rev. Stephen Hales, who conducted scientific experiments. In the Church have we not also Berkeley, the philosopher Bishop of Cloyne, who was not above writing on the virtues of tar-water? But of him more another time. In "Le Malade Imaginaire" Molière satirically refers to the anatomical dissections and demonstrations

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which were attended by the great—by the Dauphin of France himself, one of whose masters was Duverney, the anatomist. Molière was fond of ridiculing the faculty, as we all know. His Diafoirus was Guy Patin, one of the most bitter opponents of Harvey and the "circulators." Molière puts in the mouth of Diafoirus the following words in praise of his son, who had written a thesis against the new ideas: "Sur toute chose ce qui me plaît en lui et en quoi il suit mon exemple, c'est qu'il s'attache aveuglément aux opinions de nos Anciens et que jamais il n'a voulu comprendre ou écouter les raisons et les expériences des prétendues découvertes de notre siècle touchant la circulation du sang et autres opinions de la même farine." But it must be remembered, according to Dr. Le Double, that Molière's landlord was Dionis, a doctor and a pupil of Duverney. Between them there existed a bitter "landlord *versus* tenant" feud, which, no doubt, was the cause of the shafts of satire, which the comic writer so frequently aimed at the medical faculty. It should be added that Dr. Le Double's work contains, *inter alia*, a portrait of Descartes; but there is a better one, to my thinking, in Professor Bayliss's "Principles of General Physiology," just published (p. 38).

VARIETIES.

STAPHISAGRIA.—What *Calendula* is for the lacerated wound, the *Stavesacre* is for the clean-cut wound, such as made by the surgeon's knife, the razor, the sword and the dagger. Any incised wound calls for *Staphisagria*, and is particularly suited to persons who are very sensitive to least impressions, either physical or mental. The pains are smarting, stinging.

Professor Joly, of Dublin, gives in the *Times* an account of some experiments which he and Professor Dixon have conducted upon the effects of wearing clothes in the water. Their investigations have been prompted by a statement that sailors have been ordered to strip before taking to the water in cases of disaster to their vessels. They find that in general this is a mistake. The retention of the clothes tends to keep the body warm, and the loss of heat under such conditions is only one-third of that when entering the water naked. Nor does the weight of the clothes tend to drag the swimmer down. It is purely negligible in the water. These tests are very valuable, and certainly point to the

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wisdom of keeping on the clothes when prolonged immersion is anticipated. Experience in swimming, however, would show that the clothes are a very serious hindrance to the movements, for the clinging of the trousers prevents the full bending of the knee and quickly tires the swimmer ; while the working of the arms is also very much hindered. A good rule would seem to be to wear clothes when one is to be quiescent in the water for a considerable time, and to get rid of them if there is any chance of swimming to safety.—*Westminster Gazette.*

CARBON MONOXID IN THE GARAGE.—The danger of death from the inhalation of the fumes of carbon monoxid gas, given off by auto engines running in tightly closed garages, is a real danger, emphasised by recent deaths in this city.

As a preventive measure every garage should be provided with a pipe passing to the outer air which can be slipped over the exhaust when the car is in the garage.

The danger is practically the same as that caused by certain gas water heaters in unventilated bathrooms.

The carbon monoxid on inhalation forms such a firm union with the red blood corpuscles that they are unable to perform their normal function of taking up and carrying oxygen to the tissues. Death results from lack of oxygen.

A new treatment, consisting of bleeding freely and replacing the blood abstracted by fresh blood from a healthy individual, has saved at least one life at the County Hospital. It is worth trying in such cases.—*Chicago Health Bulletin.*

CHEMISTRY AND PEAPODS.—Pea pods will no longer be a drug on the market, so far as Penn Yan is concerned. Harry O. Bennett and Clay F. Kinyown, of Penn Yan, N.Y., by a series of experiments have developed the fact that commercial alcohol can be manufactured from pea pods with more satisfactory results than from anything else except grain. They have demonstrated that one gallon of alcohol, 98.12 per cent. pure, can be distilled from forty-six to forty-nine pounds of pea pods. Officers of the Yates Canning Company, Penn Yan, N.Y., estimate that last year from 225 to 250 tons of pea pods taken from peas which the company canned were destroyed as useless. Messrs. Bennett and Kinyown have contracted to buy from the company this year's output, which will probably exceed last year's crop, at $1.00 a ton. Mr. Bennett, who is a chemist, has invented a process by which the fermentation is greatly accelerated. There will be little handling, and the business can be carried on with a small expense. The partners expect that their plant should produce this year at least ten thousand gallons of alcohol. They had experimented on several other kinds of waste from the canning factory. Alcohol can be distilled from any of them, but not in sufficient quantities to warrant their use.—*Guide to Nature.*

THE SEVERITY OF TYPHOID FEVER.—We have been accustomed to regard paratyphoid fever as a comparatively mild disease, rarely giving rise to serious symptoms or leading to a fatal result.

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So few, indeed, have been the recorded deaths that there has been little opportunity for *post mortem* research, and our knowledge of the pathology of the disease has been scanty. Fatal cases have, however, been observed, and in the current number of the *Quarterly Journal of Medicine*, Drs. Bertrand Dawson and T. H. Whittington give us a careful study of seventeen such cases which have come under their notice. Two were cases of infection with paratyphoid A, and fifteen with paratyphoid B. In severe cases the disease so closely resembled typhoid that a diagnosis could only be made by laboratory findings. The respiratory system suffered in nearly every case, in degrees varying from "congestion," to acute gangrenous pneumonia. The spleen does not appear to have been enlarged with at all the some frequency as in typhoid. The lesions found *post mortem* in the intestines seem to have been quite as severe as in typhoid, but the large intestine was more frequently affected than in typhoid. In three cases, the appendix was gravely affected. As might be expected from the severity of the intestinal lesions diarrhœa was frequent, and hæmorrhage occurred in several cases. The observers noted a tendency to the formation of pus, abscesses of the spleen, of the liver, and of the lung being noted. It is clear that although paratyphoid is usually comparatively mild, it may reach to any degree of severity.—*Medical Press.*

THE HUNGER DISEASE.—Among the civil population in the districts of Russia-Poland that are occupied by the German troops, Strauss ("Med. Klin.," No. 31, 1915) observed an affection, probably unknown hitherto to the modern European physician; the hunger disease. It takes the form of a severe state of exhaustion and the extreme œdema of the feet and ascites gives it great similarity to an uncompensated heart disease or else, taking into consideration also the pronounced œdema of the upper part of the body, including effusion into the pleural cavity, it shows a resemblance to renal hydrops. The urine is increased in quantity and its specific gravity raised, but it is free from albumen and cylinders. In young individuals every sign of heart disease is absent (no dilation, no murmurs); the pulse is small and regular and there is no extra systole. Symptoms of anæmia are pronounced, in numerous cases there is also hæmophilia and scurvy; peliosis and purpura hæmorrhagica may occur as complications. The patients are perfectly apathetic and if left to themselves, they die; but if properly nourished, the œdema slowly disappears and they recover completely. The disease was most common among those who lived under the worst hygienic conditions, among whom also all kinds of epidemics were raging and the mortality from these was very great. In order to explain the clinical aspect of the hunger disease we have only theories to go upon. The author quotes the suggestions of Pflüger, Löw and Rubner concerning the grouping of the atoms in living albumen; he believes that in the living cell probably several factors act simultaneously and that the cell in a condition of inadequate nutrition becomes impaired in its

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function. It is chiefly glands and muscles that are most severely affected by hunger. The anæmia and the heart weakness are, however, the essential symptoms of the hunger disease. The population affected with this disease had been insufficiently nourished for months; they had nothing but potatoes that were often frozen or rotten. Their supply of albumen was minimal. A minimum of albumen cannot be replaced by fat and carbohydrates.—*The Medical World.*

IMMUNISATION AGAINST MEASLES.—Herrman (*Archives of Pediatrics*, July, 1915), having observed that infants under five months old are generally immune against measles, and that this immunity rapidly disappears as the child grows older, determined to endeavour to render this temporary immunity permanent. The experimental work of Hektoen, Anderson, Goldberger, and others, on human beings and monkeys has shown that the blood, and the nasal and oral secretions of patients suffering from measles contain the infectious agent, from twenty-four hours preceding to twenty-four hours following the appearance of the eruption. It is a filterable virus, but in Anderson's and Goldberger's experiments only a small percentage of the inoculated monkeys were infected by the filtrate. The infectious material loses its virulence when kept for more than twenty-four hours. The mucus from the nose of a child suffering from measles, but otherwise healthy, was taken twenty-four hours before the eruption appeared. This was collected on small swabs of cotton and stored in glass vials, converted into a moist chamber by placing a piece of wet blotting paper at the bottom of the tube. Only perfectly healthy infants under five months old were inoculated. The inoculations were made by appyling the swab gently to the mucous membrane of the infant's nose, and the child kept under close observation. Up to the present, forty infants have been inoculated at the following ages :—One at two-and-a-half months; four at three months; three at three-and-a-half months; six at four months; fifteen at four-and-a-half months.; eleven at five months. The inoculations were made by preference between the fourth and fifth months, because the immunity was not absolute at that time, and it seemed more likely that the organism would react with the formation of antibodies. The majority of the infants showed no distinct reaction; fifteen of them had a slight rise of temperature from 100 deg. to 101 deg. F., varying in its appearance in different cases from the eighth to the fourteenth day. In a few instances a small number of spots were noticed on the face or body, varying in the time of their appearance from the eighth to the fourteenth day. In a few instances a small number of spots was noticed on the face or body, varying in the time of their appearance from the fourteenth to the eighteenth day. In no case was there an extensive rash. Of the forty patients inoculated, four over one year of age have since been in intimate contact with persons suffering from measles, but have not contracted the disease. Two of the

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forty patients were re-inoculated at the ages of twenty-one and twenty-three months respectively, and in both the result was negative. Herrman made some experiments to find out if a filtrate of the mucus mixed with normal saline could be used instead of the unfiltrated mucus, but found that the filtrate was usually non-virulent, and could not be relied on for purposes of immunisation. Before any extensive use in made of the method it will be necessary to devise some means by which the material can be made to retain its virulence for longer than twenty-four hours.—K.

EQUANIMITY.—Mental fortitude, incumbent upon all, is especially so in the case of the medical practitioner—not alone for his own sake, in order to preserve the temperamental balance, but also for the benefit of his patients. In cases of continued illness, it is the anxiety arising from physical incapacity, even more than actual suffering, which causes the patient such acute distress: he looks to the medical adviser not merely for bodily alleviation, but in addition for intellectual support, and it is the combination of both lines of treatment which result in recovery. But let the sick man come to realise that the doctor's mind is as fluctuant and unstable as his own; that the same waves of peevishness and depression visit him; that his moral grip is equally spasmodic; and at once his own confidence is irretrievably lost. Rightly or wrongly, we think that the sphere of medicine is steadily widening to embrace eventually a domain up to the present dominated by philosophy—if dominated by any positive factor at all; and that, such being its future scope, none but those possessed of the rare capacity to see life steadily and see it whole can expect to be of utility therein. The ill-defined minor mental instability will, we believe, prove to be a malady of increasing importance—to be combated not by drugs, but by the too-often sneered-at therapy of Arnold—sweetness and light.—*Medical Press.*

RE-EXAMINATION OF RECRUITS.—As *Truth* points out, there is bound to be hardship to some individual members in this re-examination of recruits. There is always a certain percentage of recruits on the borderland of inefficiency as regards health, and in examinations the personal equation tells largely. Different examiners have different standards—the same examiner may and does differ at different times in his attitude towards these doubtful cases. Further, as the pressure for men has increased, the standard has been lowered mainly because in such a large army, work can be found for those who are not quite up to first-class fitness. At the beginning of the war numbers of men were refused or sent for operation if the slightest varicose condition were found in the veins usually affected. Indeed, there seems to have been a crusade to discover this venous defect, and were it ever so slight, disqualification followed. Athletes who had made records were turned down because of an almost imperceptible varix of which they themselves were unaware. Per contra, a well-marked case of hip-joint disease was passed into

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the ranks without question. The examiners had too many to look after to do the work properly, especially as the recruits came in rushes.—*Medical Press.*

TEMPERAMENT.—Facility of temperament is a blessing which cannot be over-estimated. It we construe it aright, it consists in a capacity to dismiss from consideration difficulties which cannot be overcome—in a sublime faculty to accept possibilities, if they be pleasant, without question, or analysis to their ultimate and too frequently arbitrary basis. The converse type, the man of difficile soul, affords a picture which we fear is more common and, alas, upon the increase. He is profoundly conscious of the less happy side of life, realises the still, sad music of humanity to the finger tips, and where jocund emotions cross his spirit bids them stand and deliver answer to the eternal questions of whence and whither. He ventures no enterprise—human or divine—foreseeing each obstacle in meticulous detail. He makes no confidences—are not they customarily betrayed ? He forms no friendships because the inevitable anxiety and responsibility attendant upon intimate human intercourse outweighs for him the gigantic spiritual gain. He is afraid, in a word, of developing the activities natural and necessary to the growth of the human soul. Not for him the free heart and forehead of Ulysses. But the opportunist—in the best sense, tries all things, proves all things. His existence is a quest, a great adventure. He is a schoolboy playing truant in the fields of life upon his shadowy and unknown master. His is the philosophy of the apostle. " Hold fast that which is good "—which finds its modern archetype perhaps in the immortal Robert Louis Stevenson.—*Medical Press.*

MINERS' PHTHISIS IN SOUTH AFRICA.—The government mining engineer of the Union of South Africa writes the following in his annual report for the year ended December 31st, 1914 :—" The monthly returns of the Miners' Phthisis Board show that the number of awards to miners for phthisis, both in the initial and in the more advanced stages, is beginning to fall off substantially, This is an indication that the disposal of the large number of cases of miners' phthisis, accumulated over many years, is at last nearing completion. In future, therefore, the returns of the board ought to reflect the current position, and to be an increasingly reliable index of the extent to which success is being attained by the more thorough measures initiated during the last few years for the eradication of the disease." The president of the Chamber of Mines recently pointed out that since the commencement of the Miners' Phthisis Board on August 1st, 1912, until April 30th, 1915, the total number of applications disposed of by the board per quarter had decreased by almost exactly one-half, which was a very large dercease—even when it was remembered that at the commencement of the board's operations the accumulation of past cases would naturally inflate the number of applications received. The same decrease has been maintained for the quarter ended July 31st, 1915.—*Medical Press.*

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Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Archives of the Middlesex Hospital. Clinical Series No. 15. Royal 8vo, swd. (Macmillan. Net 5s).

Cavanagh (Francis). The Care of the Body. Cr. 8vo, pp. 160. (Methuen. Net 1s.

Childe (Charles P.). Surgical Nursing and Technique. A Book for Nurses, Dressers, House Surgeons, etc. 2nd ed. Cr. 8vo, pp. 246. (Ballière. Net 3s. 6d.).

Curtis (John G.) Harvey's Views on the Use of the Circulation of the Blood. Cr. 8vo. (Oxford University Press. Col. U. P. Net 6s. 6d.).

Da Costa (B. F. P.) and Others. Sleeping Sickness. A Record of Four Years' War Against It in the Island of Principe. Vol. V. Translated by permission of the Lisbon School of Tropical Medicine. By J. A. Wyllie. 8vo, pp. 261. (Ballière, Tindall & Cox. Net 6s. 6d.).

Davis (Dr. Carl Henry). Painless Childbirth, Eutocia and Nitrous Oxid-Oxygen Analgesia. Cr. 8vo, pp. 134. (Forbes).

Drummond (W. B.). Physiology for Nurses. Cr. 8vo, pp. 212. (E. Arnold. Net 2s. 6d.).

Ernest (Maurice). Everyday Chronic Maladies, their Causes, Course and Cure. 6th revised and enlarged ed. 8vo, swd. pp. 144. (A. G. Bell. Net 1s.).

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowen, Putney Hill, S.W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Purdom, Croydon—Dr. Burford, London—Dr. E. A. Neatby, London—Dr. Simpson, Birkdale—W. Lewis, Esq., Plymouth.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med.Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

The Homœopathic World.

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The Sea-Water Dispensary: Opening of New Premises in Euston Road. By Dr. George Burford.

Lines of Search for the Remedy. By John Henry Bodman M.D., B.Sc. Lond.

Our Inadequate Diagnostic Methods. By Philip Rice, M.D., San Francisco.

SOCIETY MEETING.

British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from 16th January, 1916, to 15th February, 1916.

EXTRACT:

The Examination of the Soldier's Heart. By O. Leyton, M.B., Cantab., D.Sc. Lond., F.R.C.P. Lond.

Correspondence

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THE

HOMŒOPATHIC WORLD.

MAY 1, 1916.

GOLD AS A REMEDY FOR ACUTE RHEUMATISM.

Gold was a favourite mediæval remedy. *Aurum potabile* was indeed famous, though the indications for its use lack modern precision. Then it dropped out of use for the orthodox, though the genius and provings of Hahnemann retained it as a most valued remedy for homœopathists. The discovery of the colloid "solutions" of metals has led our neighbours to a variety of experiments, and we have the honour this month to print an article taken from the *Medical Press and Circular,* which praises *Gold* (and with reason) for acute rheumatism. Particularly we may note that the marked reaction to the remedy, the smallness of the dose (about one two-hundreth part of a grain) and the fact that often a single dose is sufficient, all suggest a specificity of relation between drug and disease which is enough to make the homœopathists alert. We note that on one occasion *Colloidal silver* was ineffective so that there seems more here than the general metabolic stimulus which Robin demonstrated after the use of most colloidal metals. It is true that only intravenous injections seem effective, but the method of administration has no bearing on the homœopathicity of a remedy and

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possibly our more potentised forms avoid the necessity of injection. It is at any rate interesting to recall the provings of *Gold*. We know well the value of *Gold* in morbus cordis and albuminuria and its accompanying conditions, and we note with interest how highly Dr. Grenet praises the virtues of the drug for these manifestations of rheumatic fever. Furthermore, the pathogeneses of the drug abound in joint symptoms many of them of considerable acuteness. Altogether we may well allow Dr. Grenet to remind us that *Aurum* has claims to consideration in this disease in our own provings, and that while we must resist the tendency to make it the *only* remedy for acute rheumatism, we may well decide to remember it more often than most homœopathists do. If potencies by the mouth fail the intravenous colloid can be tried.

CONCUSSION BLINDNESS.—Ormond (*Jnl. R.A.M.C.*, January, 1916) states that he has treated a number of patients suffering from this distressing condition by suggestion and in every case with marked success. He points out the importance of the early treatment of such patients, and that if this cannot be done their condition should not be prejudiced unfavourably by injudicious handling. The most resistant case that came under his care was that of a man who, as the result of an explosion, had remained unconscious for six days. On recovering consciousness he was blind, completely deaf, and unable to speak. He had been told by an aurist that he would never regain his hearing, and concluded that the blindness would also be permanent. Under treatment his sight and speech have returned, and there is reason to expect that improvement in his hearing will not be long delayed. It is probable that the presence of sand or grit in the conjunctival sacs of some of these patients may have been the cause of the suggestion of blindness, but they were not present in all cases, and recovery took place without their being removed. When present they were all imbedded in the conjunctiva, and did not produce any irritative symptoms at the time the patients were under treatment.

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NEWS AND NOTES.

Calendula.

In Mr. Dudley Wright's report of his work in France he paid a high tribute to the efficacy of *Calendula* in treatment of wounds. This is a satisfactory addition to the testimony of many years and tends to show that the "vulneraries" are by no means to be regarded as out of date.

Skin Reaction to Croton Oil in Tuberculosis.

The *Medical Record* calls attention to a new prognostic sign serving as an index of the strength of a patient's natural defences.

In normal individuals the inunction of the skin of the arm with a ten per cent. ointment of croton oil with petrolatum as a base produces a well-marked erythema with the formation of papules and pustules of various sizes and accompanied by itching and sometimes by pain. With the subsidence of the local reaction there are left copper-coloured spots that persist for several months. In tuberculosis patients there are different degrees of reaction. This is termed negative if there are only a momentary redness and a slight itching. The reaction is slightly positive (+) if there is a pronounced erythema with a few pustules. The reaction is positive (+ +) if there are many pustules which appear with each subsequent application of the salve. A highly positive reaction (+ + +) occurs with a marked swelling of and pain in the arm which, however, do not last longer than a day.

If the croton-oil reaction is intense and diffuse, one may anticipate a favourable outcome in any given case of tuberculosis. If, on the other hand, the reaction is negative, a rapid evolution of the disease and a fatal termination may be predicted. The significance of the intermediate reactions is difficult to interpret. These suggest an unfavourable rather than a favourable outcome.

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Old School Verifications.

"Will *Calcarea sulph.* cure phthisis?" This is the question asked by a writer in one of our allopathic journals. He then goes on to relate the brilliant results with *Calcium sulphide* in tuberculosis. One case of two years' standing with cough, profuse expectoration, fever, hemorrhage, night sweats, etc. He does not ay that a bacterial examination of sputum was made, but that the physical examination shows the lesion to be located in left lung. He does not claim this case is cured, but is astonished at the wonderful results obtained with *Cal. sulph.* in clearing up all conditions presented, patient having resumed his work, holding his weight and feeling perfectly well.

Turn to the proving of *Cal. sulph.*, Hering's *Guiding Symptoms: Chronic cough of tuberculosis, cough with hectic fever, short asthmatic respiration with hectic fever, pains in the chest and sternum; sphere of action is in the connective tissue; arrests hemorrage; abscesses, suppuration.* Was this not a good homœopathic prescription?

Another reports *Staphysagria* as a specific for lame back associated with orchitis. He learned this in prescribing the drug for a case of orchitis, which it cured. The patient told him it had also cured a backache of ten years' standing. He has found the remedy exceedingly efficacious in lumbar myalgia, the success of the treatment in some cases being remarkable. He cites a case of lame back in a labourer, probably due to strain, who was told by his attending physician he would have to go to bed for two weeks. After taking *Staph.* he returned to work the next day, and was not troubled again for two years.

The editor, in commenting on this remedy concludes his remarks by saying: "What a lot of useful plant remedies we do have but with which most of us hardly are acquainted."

See Hering's *Guiding Symptoms: Pains in the back as after over-lifting, pains in small of back, sacrum and hip joint; orchitis, testicles inflamed with burning stinging pains; drawing and pressing pains in testicules; orchitis, crural neuralgia.*

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The third discovery is the specific action of *Ipecac.* in postpartum hemorrhage and shock, in which the writer extols its wonderful virtues. Who of us do not recognise the *profuse bright red hemorrhage from the uterus*, the heavy, oppressed breathing with *nausea;* the deathly pale face, sometimes livid; eyes sunken, breathing quick, anxious; sighing and general symptoms of shock under *Ipecac.*

If our allopathic brethren would consult a homœopathic materia medica they would find their so-called specifics were simply homœopathic *simillima*, nothing more, nothing less. But that would be recognising the law, and Homœopathy is "unscientific" and not to be considered.—*Hermance, Homœopathic Recorder.*

Honour for Dr. Storar.

Our colleague Dr. Storar of Ramsgate has been appointed a Justice of the Peace.

Emetine and Homœopathy.

We should like to call special attention to the last sentence of the following quotation:

Toxicity of Emetine.—Peyman (*Jnl., R.A.M.C.*, January, 1916) points out that medical officers treating patients with amœbic dysentery by *Emetine* would do well to remember that the drug is very costly; that if it is going to be good its beneficial action is generally quickly apparent; that it is useless, unwise and wasteful to subject patients to repeated, long continued courses of the drug; and that *Emetine* may itself produce and keep up a certain degree of diarrhœa, and that it is important to distinguish this drug-produced diarrhœa from that caused by intestinal disease.

Clearly *Emetine* can produce (as we know *Ipecac.* can) symptoms decidedly similar to those it often cures.

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ORIGINAL COMMUNICATIONS.

LETTER FROM THE FRONT.

Y.M.C.A.,
British Base, P.O.,
Salonica.
Sunday, March 19th.

DEAR Dr. WHEELER,

Your two so welcome letters arrived quite safely, the second I was more than ever glad to have as it was witness that my new address was working well.

There was, in your second letter, unconscious irony, as we were, when you wrote it, half frozen with cold, and deluged with rain. This camp, like Salonica and the environs generally, alternates between states of swamp and dusty plain. But now, for more than a week, we have had spring—comparable with our English May, but without the flowers and green verdure. There is green, but not much. Violets grow plentifully thirty yards from our tent, but no other flowers. There are no florists in Salonica, and the four or five men who sell flowers in Rue Venizelos have so far only shown violets, tiny narcissus-like daffodils, wallflowers, white narcissus, and small, poverty stricken types of hyacinths. The sun is glorious, the air cool and clear. There are many trees in our encampment, full, now, of twittering birds. Flocks of jackdaws bustle about in the air, and in the trees, and seem to hold frequent indignation meetings upon our perfidious selves, for we have lately erected part of a tropical tent in a deserted bandstand, the roof of which was once their favourite parliament.

Things are pretty much as they were: a new camp has been opened away from the town, run by three of our fellows, while Parr (my companion from England) and I, are running this one. We should have one more, Golding, but he has gone to the Canadian Red Cross hospital with a quinsy of left tonsil, despite the "removal" of both tonsils by an eminent Manchester surgeon a few months ago.

Before leaving London I threw into my trunk all

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the remedies I could lay my hands on, but the handy little case I had in South America had rotted to pieces and I was unable, leaving at short notice, to get another. Hence the humiliating discovery, a short while since, that I had come out here without a clinical thermometer (though I brought a hypodermic syringe) and lacking *Hepar sulph.*, *Acon.*, *Bell.*, *Merc. sol.*, *Kali bic.*, and certain others which I forget now. You will think I should be ashamed of myself, and so I am. My only excuse is the idea in my mind that there would be no room for my services amongst the men. Even already I have bitterly felt the need of those remedies I named. So far as I can learn there are none to be had in Salonica. One lives and learns. Even for our own selves there is room for medical help. For the first two months Parr and I were never really free from sore throats.

We hear singularly little war news. Even of operations (if there are any) here, though I believe there is some activity in the air. In fact we have seen such.

Our work is incessant and very exhausting. Parr and I are both showing signs of overtaxed nerves, and until our chief Wilson and his "orderly" returns from Malta we shall get no relief—nor then, as I (pessimistic always) tell Parr. There are no soldiers in this camp, or vicinity, who put in so many hours of real work. For the first time since arriving we tumbled into bed last night at a few minutes to twelve, by dint of leaving "cashing up" until this morning. Of course that sounds simply absurd, and it is absurd, but we can find no remedy. A good half of our work consists of buying supplies in the town—an incredibly slow and laborious task here owing to the oriental habit of bargaining and the difficulty of getting stuff from any one firm. In fact, that's impossible. The whole business of buying is too complex for description except in language that would suggest "journalese."

Stuff such as we supply is listed by the authorities as "comforts for soldiers" and so quite properly comes far down on the list of things for transport. Thus, two new marquees which were said (by the authorities themselves) to be on their way a fortnight before I

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left London, arrived here two days ago. Thus matters must, I fancy, get worse rather than improve.

I shall write again as soon as I can.

Sincerely yours,
STANLEY FRANKLIN.

TREATMENT OF ACUTE ARTICULAR RHEUMATISM WITH INTRAVENOUS INJECTIONS OF COLLOIDAL GOLD.*

BY M. H. GRENET.

Medicin des Hôpitaux, Paris.

THE first of the series of cases, of which the summarised record is here presented to the reader, is that of a patient (Obs. I.) who had been suffering from a malignant form of acute rheumatism. The approach of death appeared to be inevitable and rapidly nearing, despite the intensive treatment with *Salicylate of soda* which had been adopted; when I administered an intravenous injection of *Colloidal gold*. After the succeeding stage of rather violent reaction, the temperature subsided; on the following day it was normal, and never rose again. The patient thus entered at once on the stage of convalescence—retaining only the double mitral lesion which had developed under my own observation during the period in which he was undergoing the salicylate treatment. The very remarkable success thus obtained in a case which had almost been *in extremis* incited me to follow out a course of sytematic trial of the same therapeutic process in the cases of other rheumatic patients.

The second of this series of cases which I have had under clinical observation was that of an infantryman who had been attacked by a form of rheumatism of medium severity. He was quite cured after a few days.

* Reprinted from the *Medical Press*.

The use of gold as a remedy is familiar enough to Homœopathists but it is only recently that the orthodox have adopted it. We think our readers will take considerable interest in this article.—ED. H. W.

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The third case was that of a lieutenant, who had reached the sixth day of a serious attack of rheumatism, presenting hydarthrosis and continuous pain in both knees, accompanied with pronounced anæmia, pallor, and albuminuria in large amount. On the very evening of the injection he declared himself greatly relieved; on the following day he moved his limbs with facility, and the albuminuria had completely disappeared. After eleven days from his entry into hospital, he walked a distance of three kilometres without difficulty.

I have now accumulated a total record of eighty-four rheumatic patients who have been treated after this method of procedure. I have been also able to compare the results, individual and collective, obtained in the cases of fifty-four patients who were treated with *Salicylate of soda*, and I believe that I am in a position to affirm the therapeutic superiority of that with *Colloidal gold*: the latter remedy calms the pain, shortens the duration of an attack of the disease, and prevents the development of complications. And it is above all in the cases of rheumatism occurring among young subjects, and in the markedly acute forms, that it presents its maximum of therapeutic efficacy. We will subsequently recur to a description of its mode of application, and the *rationale* of its curative effects; but at the outset a summary of some of the more significant cases and a description of some thermometric curves should prove more convincingly eloquent than long general commentaries.

Obs. I.—*Rheumatism of Malignant Type.*—F. (Jules), æt. 29, artillery soldier. Had formerly suffered from three critical attacks of acute articular rheumatism: the first at the age of 14 years, the second at the age of 18, and the third when he was 22. He entered hospital on April 30th, 1915, on the fifth day of his illness. The temperature was 39.4° (102.9° F.). Pain and hydrarthrosis in both knees; pains in shoulders; slight albuminuria. On the following days a series of complications developed in succession: great pericardial friction; double pleuro-pneumonic congestion; mitral endocarditis with enormous cardiac dilatation, ameliorated by administration of *Digitalin*; hyper-

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trophy of liver; albuminuria in great quantity; transitory spinal phenomena (pains in the back and legs; Kernig's sign, cephalo-rachidian fluid normal). From April 31st till May 24th had received eight grammes of *Salicylate of soda* daily. On May 18th we administered an intravenous injection of 5 cc. of *Electragol*: no reaction, no subsequent result.

May 25th. Intravenous injection of 2 cc. of *Colloidal gold*. The injection was administered in the morning, and was followed by a rigor, extreme tachycardia, and sweats. On the evening of the same day, the patient began to show indications of relief. On the following morning the temperature fell to 37° (98.6 F.). It never rose again. During the succeeding days there was extreme polyuria—amounting to four litres. The albumin had disappeared from the urine on May 30th. The patient left hospital on June 17th. He was then suffering from no symptons whatever, but retained a double mitral lesion, well compensated.

Obs. II.—Br. (Jean), æt. 35, infantry soldier. Had entered on the eighth day of an attack of medium intensity (shoulders, left elbow, articulations of fingers of left hand, hydrarthrosis of left knee). Had not taken any *Salicylate*. Persistence of some pains in the shoulders after the first injection. Complete cure after an interval of forty-eight hours following the second puncture.

Obs. III.—S. (Henri), lieutenant, æt. 39, first crisis. Had entered on the sixth day of his illness. Pains in all the limbs; hydrarthrosis of both knees; œdema of right hand and wrist; intense pallor; copious albuminuria. Injection of 2 cc. on May 29th. After twenty-four hours, complete disappearance of all pains and swelling, also of the albuminuria. The patient arose from bed on June 3rd, and took a walk of three kilometres, without any pain whatever, on June 8th.

Obs. IV.—S., æt. 20, infantry soldier. Had entered on the sixth day of his illness. The crisis was one of marked intensity (hydrarthrosis of both knees; œdema of right wrist; pains in shoulders; notable proportion of albuminuria). Injection administered on May 29th; subsidence of temperature and disappearance of

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albuminuria on the following day. Slight relapse (pain and œdema of right wrist) on June 7th. Complete and lasting cure after second puncture.

Obs. V.—D. (Alphonse), infantry soldier, æt. 24. Had entered on the third day of his illness. The crisis was one of medium intensity (hydrarthrosis of both knees).

Obs. VI.—R. (Louis), infantry soldier, æt. 44. Entered on sixth day of illness. Crisis of medium intensity.

Obs. VII.—D. (Claude), infantry soldier, æt. 21. Had entered on the fourth day of his illness. Crisis of medium intensity; slight hydrarthrosis of both knees; œdema of ankles.

Obs. VIII.—C. (Ferd.), corporal æt. 19½. Entered on fourth day of illness, crisis of medium intensity (knees, œdema of ankles).

We do not wish to add unnecessarily to the length of this article by multiplication of recorded observations and descriptons of thermometric curves bearing a general family resemblance. But there are five cases which deserve to be placed in a prominent position on account of the fact of having been each accompanied at the outset with the characteristic signs of endocarditis.

Two of those patients had entered hospital with muffling of the sounds of the heart, and a slight prolongation of the first sound; the third presented a slight systolic bruit at the apex, of organic source, which lasted for two days; in the fourth case, there was also a mitral systolic murmur, which presented a rasping character; in the fifth case, we detected the presence of a pericardial *frottement*, and a systolic murmur located over the apex. Every one of these patients was treated with *Colloidal gold*, and after some days there actually remained no traceable sign whatever of cardiopathy. We will merely sketch the course of two of these cases:—

Obs. IX.—P. (Henri), æt. 20, infantry soldier. First crisis; entered hospital on eighth day of his illness. Had already been treated during four days with *Salicylate of soda* (three to four grammes).

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Moderate fever (38°—100.4° F.). Pains in knees and shoulders; vertebral rheumatism, with extreme rigidity of vertebral column Suffering greatly; is completely helpless and incapable of the least voluntary movement. Softening of the cardiac sounds; slight prolongation of first sound. July 16th; injection of 1.5 cc. of *Colloidal gold*; on following day considerable diminution of the pains. But we discovered at the apex a slight systolic blowing murmur. Although the fever had subsided and the pains had disappeared we administered a second puncture on July 18th, hoping thereby to cure the endocarditis which was then in the course of evolution. On the 20th, the bruit had diminished; on the 21st it had ceased to exist; a little of the muffling of the sounds of the heart persisted for some time, but it gradually disappeared. We kept the patient under observation for some time, and his chest was auscultated by several of our colleagues; but not the least further trace of cardiopathy was ever discovered subsequently.

Obs. X.—B., æt. 28. First attack. Entered hospital on the ninth day of his illness. Violent crisis (knees, elbows, shoulders). Muffling of cardiac sounds; pericardial *frottement* in the mesocardiac region; slight murmur at the apex. Injection of 2 cc. of *Colloidal gold* on August 4th; persistence of elevation of temperature; slight subsidence of the cardiac symptoms. August 6th: the cardiac sounds still remained muffled; the *frottement* and murmur have disappeared. Second injection administered on August 6th; rapid fall of fever; complete disappearance of all signs of endopericarditis. The patient left his bed on August 8th. Slight relapse from 13th to 16th of August, which was rapidly extinguished by administration of another injection.

The above series of examples demonstrate the clinical fact that by the administration of intravenous injections of *Colloidal gold* we, as a general rule, bring about a rapid fall of temperature, and shorten the duration of the rheumatic crisis—and more especially of the convalescence—while at the same time we avoid cardiac complications. In our cases we habitually

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got the patient to leave his bed at an early date—at the close of two or three days of apyrexia.

In some of our cases a copious intra-articular effusion persisted. Accordingly, it was necessary, after the fever had subsided, to puncture with all the precautions of asepsis. Then we found, as a general rule, that there was no further tendency to the collection of the fluid; and we proceeded to raise the patients from bed one or two days after the evacuation. The two following cases present in this connection demonstrable observations of special value.

Obs. XI.—L., (Alexis), æt. 40. First crisis. Entered hospital on June 26th, on the sixth day of his illness. Acute rheumatism, with hydrarthrosis of both knee-joints. The fever subsided in eight days after four injections of *Colloidal gold*. The patient retained the bilateral hydrarthrosis, although now quite apyretic. Puncture of both knee-joints (thirty-five to forty grammes of citron-coloured liquid in each) on July 6th. Left bed on July 7th. No recurrence of the articular effusion; no muscular atrophy.

Obs. XII.—R. (René), æt. 30. Second attack. Entered hospital on July 19th, on the twelfth day of his illness. Temperature 39° (102.2° F.); muffling of the cardiac sounds; hydrarthrosis of both knee-joints. Two injections of *gold* (July 19th and 20th) Disappearance of cardiac signs (apyrexia) on July 22nd. July 20th we had punctured both knees (125 cc. from right joint; 110 cc. from left). No reproduction of the articular effusion; no muscular atrophy.

In the subacute varieties of rheumatism, in chronic cases of old standing, and in aged patients—also in those cases who have reached the tenth or fifteenth day of the disease, and after insufficient treatment, our methods are still effective; and prove superior to *Salicylate* treatment in all the more unfavourable varieties of cases. The cure is, however, less rapid, and it is often necessary to administer five or six injections; a little of the stiffness and swelling of the joints may also persist for a considerable period. Nevertheless, we have seen many patients who had still continued, after a prolonged course of *Salicylate* treat-

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ment, to present a high temperature, and pains which were aggravated by the slightest movement; yet in whose cases a rapid cure was effected by the administration of one or two injections of *gold*.

As in the case of all medicaments of pronounced activity, *Colloidal gold* may provoke serious accidents, and we have ourselves had to deplore the occurrence of *one fatality*.

Obs. XIII.—P. (Benoit), æt. 30. First attack. Entered hospital July 24th, on the fifth day of his illness. Polyarticular rheumatism (knees, tarsal regions, wrists). Great suffering. Rapid heart's action. No albumin in urine. Axillary temperature 39.5° (103.1° F.). Injection of 2½ cc. of *Colloidal gold* on July 25th at six o'clock. Violent reaction; extreme agitation; screaming; delirium. At the end of two hours the patient falls into a state of collapse; wretched pulse, cold extremities, and coma. Death took place at 11 o'clock at night, five hours after the injection.

At the autopsy we discovered a great variety of pathological conditions.

1. *Recent lesions*, associated with the acute terminal stage; meningeal and cerebral congestion; vascularisation of the meninges; punctiform hæmorrhages in both grey and white substances of the brain; punctiform hæmorrhages in both leaflets of the pericardium; slight serous pericardial effusion; renal congestion.

2. *Lesions of older standing:* heart soft, flabby, and fatty; inflammatory thickening of mitral and tricuspid valves. These alterations are undoubtedly referable to rheumatic infection. But over and over them we also discovered *renal lesions of old standing*. Both kidneys are small, lobulated and sclerotic, sclerous bands penetrating from the capsule in the direction of the parenchyma. The cortical substance was atrophied, especially in the left organ. The pyramids were destroyed and replaced by sclerous tissue in the left kidney, down to the level of the inferior pole.

Thus the patient presented old renal lesions of a nature which had made him exceptionally susceptible to the influence of any form of intoxication. Besides,

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when we commenced to treat him he had already been suffering from high fever; we also administered a large dose of the medicament—more than the 2 cc.—as it had occurred to us that by increasing the dose we should secure a more rapid and complete effect. We have now arrived at the conclusion that the quantity should not exceed 1 or 1.5 cc. We feel quite convinced that by acting with prudence and after carefully testing the individual susceptibility of the patient, we will be enabled to avoid the recurrence of a similar accident. But the occurrence of a single unfortunate result, however deplorable, should surely not induce us to abandon the use of a therapeutic agent which has proved itself superior to all others previously known, and which appears capable of successfully warding off all cardiac complications.*

By the record of those few observations we have indicated the principal effects of intravenous injections of *Colloidal gold* on the course of articular rheumatism. It now remains for us to describe in their entirety the *technique* and mode of action of our special treatment.

Technique and Mode of Application.—Injections of *Colloidal gold* may be employed to the exclusion of every other kind of treatment; at the utmost we merely have recourse in addition to wrapping up of the most painful of the affected joints in wadding, or some local applications of methyl salicylate. We have employed blue *Colloidal gold*, obtained by the chemical process, and containing 0.25 milligramme of the metal to 1 cc. This is the preparation known commercially as *collobiase d'or*.

The administration of the injection should be *intravenous*; intramuscular injections have but little effect.

As regards *dosage*, we advise the physician not to exceed, for the first time, 1 or 1.5 cc.; especially if the temperature is high, and the patient greatly agitated; as the intensity of the reaction cannot fail

* We have now administered more than 200 injections of colloidal gold, not only in cases of rheumatism, but also in those of other infections, both medical and surgical, including cases of gaseous gangrene accompanied by deplorable general conditions. The accident above recorded is the only unfavourable one we have hitherto met with.

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to be accompanied with danger. The subsequent injections may then range in amount from 1.5 to 2 cc.

A single injection suffices in some cases; but in the greater number it will be necessary to administer two, three, or even four. The successive injections should be given after intervals of twenty-four or forty-eight hours. If the temperature proceeds to subside regularly after an injection, we may await developments; sometimes definite apyrexia will be established in the course of three or four days, without repeating the injection; but we should always hold ourselves in readiness to repeat the injection on the slightest indication of reappearance of the fever or articular pains.

When the patient has become completely apyretic, and commences to walk, we must be prepared to deal with the weakness and pains in perhaps one or two articulations. At the commencement of one of our investigations, we were of the opinion that *Collobiase* was then of no further use; so that we proceeded to the administration of *Aspirin*, and submitted the patient to the application of various external medications (sulphur baths, local heating, etc.). But we are now convinced that the injections of *gold* are useful in this stage also, and that a puncture made every three or four days leads to a fairly rapid absorption of the exudate—which is a specially prominent feature in cases occurring after the age of 35.

If the patient has presented cardiac symptoms at the commencement of the attack, it seems to us to be beneficial to renew the injections, even after the fever has completely subsided; one or two punctures, made in the apyretic period, have indeed, in some of our cases, secured the complete return of the heart to its normal state.

In a case of subacute rheumatism, the action of *Colloidal gold* is, as a general rule, less rapid and less complete; it will be found necessary to administer at least four or five injections, at intervals of some days. But we have, nevertheless, obtained results which seem to us to be superior to those yielded by the use of salicylates in those always troublesome

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cases; and, more especially so, as we have always been able to obviate the occurrence of endocarditis.

The course of treatment of rheumatism with *Colloidal gold* is sometimes completed by having recourse to articular puncture. In most cases of the acute type, the hydrarthrosis rapidly disappears under the influence of the injections; but it sometimes persists in one or both knees, provokes the continuation of pain and undergoes absorption but tardily. If the effusion is copious in quantity, it will be necessary to evacuate it after the subsidence of the fever; in the majority of cases it will not recur; and we then do not hesitate to make the patient leave bed two days after the puncture. When the fluid withdrawn from a joint presents a marked polynuclear reaction, we may fear a relapse; but if the lymphocytosis is approximately pure (and that is what we most frequently meet with some days after the treatment) the probability of relapse is but slight; then the effusion behaves very much like a foreign body, which it is accordingly desirable to remove. On this account we always should after the subsidence of the fever, puncture any articulations which still remain tense. By this means we hasten the completion of the cure, and also obviate in great measure the appearance of consecutive muscular atrophy.

Action of Colloidal Gold.

Such are the rules by which we believe appropriate for the treatment of acute articular rheumatism. Let us now see how the *Colloidal gold* acts.

(1) *Stage of Reaction.*—Fifteen or twenty minutes after the injection, a rigor of great intensity develops and lasts for a quarter of an hour; rapid elevation of temperature, which often rises above 40° (104° F.); abundant sweats. This reaction attains its maximum at the end of one to two hours; it is nearly over at the end of three hours.

(2) *Effect on the Pain.*—The intravenous injection of *Colloidal gold* exercises a very clearly defined analgesic action. The patients usually experience relief some hours after the puncture; they begin to

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move their limbs, which had previously been completely rigid. Those who had previously been submitted to the salicylate treatment are always the first to affirm the superiority of that with gold. One of our patients, indeed, who was infected with a grave type of rheumatism, and in whose case the fever persisted in spite of three weeks of treatment, was quite relieved from suffering for some days after the puncture had been resorted to; the *Salicylate* treatment had neither relieved the articular pain nor lowered the temperature; and this young man actually felt well despite the persistence of the fever; and, of his own accord, asked for a repetition of the injection when the pain recurred.

(3) *Effect on the Temperature.*—After one or two—sometimes three—injections, repeated at intervals of three days, the fever subsides, sometimes brusquely sometimes in course of three or four days. Such is the general rule; but we sometimes meet with rebellious cases, in which the injections have to be repeated up to the number of five or six. Such are, however, but the exception; and it appears, too, that the *Salicylate* treatment gives no better result in those cases.

(4) *Action on the Articular Effusion.*—As a rule the effusions undergo rapid absorption; when they persist, puncture should be resorted to, as we have already said.

(5) *Action on the Complications.*—One of the most remarkable results of the *gold* treatment is the suppression of the cardiac complications. The presentation of some figures in this connection will give precision to our ideas.

We have treated fifty-four cases of rheumatism with *Salicylates*. In that series we met with thirteen examples of cardiopathy, of which six were cured (four cases of endocarditis, two of pericarditis). There were seven cases of organic, definitive cardiac lesion (one double lesion of the mitral valve, five of mitral insufficiency, one of apparently pure mitral narrowing).

We have in turn submitted eighty-four patients to the *Colloidal gold* treatment. In eight of those cases,

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it was adopted only late in the course of the disease ; and of this number three had already developed a valvular lesion, which was fully established at the time of the first injection. Thus there remained a series of seventy-six patients who received timely treatment with the *Collobiase ;* one of these died during the stage of reaction (Obs. XIII.). Among the others, five presented, at the time of their entrance into hospital, well defined symptoms of endocarditis in course of evolution. Those were all completely cured in some days. Not one of our cases has ultimately retained the smallest sign of cardiopathy.

Thus, with the *Salicylate* treatment we had seven cases of definitive valvular lesion remaining among our fifty-four cases ; with the *Colloidal gold*, we had among the series of seventy-six cases who received timely treatment one case of rapidly occurring death, and one of definite cardiopathy.

In one of our cases—a patient who had previously suffered from a number of attacks, and presented a sub-acute form of the disease—we have seen rheumatic iritis develop after he had already received several injections and appeared to be fully convalescent. We proceeded to carry out local treatment (hot compresses, *Atropine Collyrium*) and administered an injection of 2 cc. of *Collobiase.* The improvement was rapid at first ; then, as a slight relapse occurred, a second injection was given, and the cure was complete in three days. We have thus received the impression that the *Colloidal gold* in this case distinctly favoured the action of the local treatment.

Two of the cases that we treated with *gold* had presented spinal symptoms (rigidity of nucha, Kernig's sign) ; but these yielded at once to lumbar puncture (the cephalo-rachidian fluid was normal).

(6) *Action on the General Course of the Disease.*—The treatment with *Colloidal gold* produces a notable abridgment of the course of the disease, inasmuch as it enables the patient to leave bed sooner, since a grave relapse need not be feared. The fever often subsides in three or four days. But even when the antithermal action has not been so rapidly manifested, and the

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temperature has not subsided before the end of five or six days, the very important fact remains that we can begin to mobilise the patient very soon—after two days of apyrexia. In this matter we proceed in the following way. During the course of the crisis the patient is retained in bed, and is nourished with milk and eggs. The temperature having subsided, after one day of apyrexia we allow the use of legumes; on the second day, the patient sits up and is allowed to walk a few steps; on the third day (when there is no albuminuria) the alimentation is made nearly quite normal, and we allow the patient to walk about a little in the bedroom. A good many of our patients even make a little promenade outside, and og down-stairs at the end of five or six days; a great number enter on the stage of convalescence fifteen days after the commencement of the attack. There has never been a case of prolonged relapse; sometimes, indeed, after leaving bed a little too hastily, a slight elevation of temperature followed, accompanied with some swelling of the knees; but three or four days more in bed and a new injection always proved sufficient to strangulate any such attempt at relapse. Now, everybody knows how necessary it is to be cautious in mobilising rheumatic patients who have been treated with *Salicylates*; also, how frequently, in spite of all such prudence, relapses—many of grave character, too, are prone to occur. In this respect, the treatment with *Colloidal gold* gives very remarkable results indeed.

(7) *Contra-indications of this Treatment.—Colloidal gold* is an active medicament, which requires to be manipulated with a certain degree of caution; of this fact our own fatal cause may be taken as proof. When the temperature is very high, and the patient is greatly agitated, we should administer but a feeble dose; we are even of the opinion that, having regard to the intense, even although transitory, congestive phenomena which are produced by the injection, we should abstain from the administration in cases of hyperpyrexia or cerebral disturbance. Such conditions seem, indeed, to us to form the only contra-indications

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to this treatment. On the other hand, the occurrence of endocarditis at the outset calls for an immediate use of this remedy; when asystolic phenomena are present, the dose administered should be a small one (0.5 to 1 cc.) it is also desirable in some cases to have recourse to a preliminary injection of spartein or of camphorated oil, from the fact that *Colloidal gold* produces an accentuated cardiac erethism, although but of transitory duration.

Comparison with other Methods of Treatment of Rheumatism.

We have already, in the course of the present communication, indicated our reasons for concluding that the treatment of rheumatism with *Colloidal gold* is superior to that with *Salicylates*, so that we need not discuss the question again. We have also communicated our early results to the medical meetings of the physicians attached to the sixth army corps. Almost at the same date, MM. Loeper and Varham published the successes which they had obtained with injections of *Colloidal sulphur*. While admitting that thenumber of their published observations is but small, it appears to us that we have secured more rapid and constant results from our own use of *gold*. We have brought two points into prominent relief: the rapidity of convalescence and the suppression of cardiac complications; so that, far from contra-indicating the use of *Collodial gold* a case of endocarditis in course of evolution actually demands it. We do not as yet definitely know whether the *Collodial sulphur* will have the same preventive action in presence of the development of cardiac complications: but we are already satisfied that every appearance testifies to the fact of its having been established in the case of *gold*.

Besides, it is very possible indeed that the use of other collodial metals may be followed by a corresponding degree of success. We have tried *gold*, and have unquestionably found it a superior remedy to any that we had previously employed, and we have proposed to ourselves to carry our corresponding clinical researches with *Colloidal silver* (*Electrargol*, which we employed in one case, gave us no result). It is certain

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that the colloidal state possesses as great importance in the success of the therapeutic precedure as the nature of the metallic element itself; we are also equally sure that in the matter of colloidal metals the mode of preparation plays a *rôle* of considerable importance, and this has been our reason for indicating specially the clinical fact that our own patients have been treated with the preparation known as *Collobiase of gold*.

Action of Colloidal Gold in the various so-called Rheumatic States.

The results which we have hitherto discussed were all obtained in the treatment of purely acute articular rheumatism, and in the subacute forms of the same disease. But we have also employed *Colloidal gold* in the treatment of two cases of seric rheumatism (consecutive to injection of antitetanic serum), in two cases of blennorrhagic rheumatism, in one case of infectious mono-articular rheumatism of undetermined nature, in one case of rheumatoid purpura, and in one case of arthropathy in a tuberculous patient who was suffering from dysenteriform diarrhœa. In every one of those patients, the injection of *gold* produced an attenuation of the pain, but did not appear either to abridge or otherwise modify the normal evolution of the disease; the cases of blennorrhagic rheumatism recovered slowly; the infective mono-articular rheumatism ended in a partial anchylosis of the knee-joint; the purpura yielded only to prolonged rest in bed; the arthralgias of the tuberculous patient recurred after a partial subsidence of some days. Accordingly, the *Collobiase of gold* is above all things a remedy of pure rheumatism. It may prove useful in the treatment of pseudo-rheumatic conditions, but only by functioning as an effective analgesic. And by acting in the same way, as an analgesic agent, it has given us satisfactory results as a remedy in two cases of rebellious sciatica.

Conclusions.

Intravenous injections of *Collobiase of gold*, when administered in cases of acute articular rheumatism,

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produce the following effects:—An analgesic action, which is constant; a fall of temperature which is often quite abrupt (this result is very frequent, but is not quite constant); abbreviation of the duration of the attack, not only as regards a rapid subsidence of the fever, but of otherwise special importance, because, after the lapse of two or three days of apyrexia, we may commence to get the patient out of bed without fear of producing a serious relapse; considerable abbreviation of the period of convalescence suppression of rheumatic endocarditis. The favourable results of injection of *Collobiase* are specially manifested in the purely acute cases; but they are also displayed in the subacute, although in somewhat less degree.

PROVING OF *KALI PHOSPHORICUM*.

By H. C. Allen, M.D.

(*Medical Advance*).

[The proving of *Kali phosphoricum*, made by Dr. H. C. Allen in 1897].

Mind.—Morose, irritable; disposed to weep; dislikes to be talked to; everything is too much of a task.

Does not want to be talked to; does not want to answer.

Lethargy; indisposition to meet or talk with people.

Great despondency about pecuniary affairs; about business.

Cannot recall well known names, or find words easily to express thoughts. Mind sluggish, but will act if aroused (*Sil.*).

Extreme lassitude and depression; a feeling as though some calamity was about to happen. Could not divest his mind of that idea.

Memory Weak.—Loss of memory; uses wrong words, omits letters or words in writing.

Mental sluggishness, difficult to throw off.

Exhaustion after moderate mental effort.

Brain-fag of literary or business men (*Picric acid*).

Ill-natured and captious.

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Provings.

Feels as if he was losing control of his mind. Can not decide anything for himself.

Commences to do something, then drops it to try something else; then returns to first task.

Irritability increases; he flies into a passion and can hardly articulate; at such times the tongue seems too thick for the mouth.

Restless; cannot stay in one place any length of time.

Mental occupation seems to drive him crazy, owing to the impotence of his mind.

Very much depressed at night; irresolute.

Very irritable on waking (*Lach.*).

Very nervous; starts at the slightest sound (*Ign.*, *Nux.*).

During day sudden emotions of elation and freedom from care, followed by severe depression and weariness.

Feels tired and indolent.

Mental sluggishness, hard to throw off.

Absent minded; cannot concentrate her mind.

Very irritable; has taken a terrible dislike to her husband, whom she usually adores (*Nux.*).

Indifferent and captious; would prefer getting away from him and everybody else (*Ign.*).

Cannot say or do anything mean enough to her husband; sulky.

Irritability; taciturnity; extreme depression.

Very nervous; cries easily.

Impatient with her baby; even cruel to it.

Melancholy, depressed, irritable, frightened, petulant: lassitude, indolence. Will not work.

Hopefulness and sudden despair in quick succession.

Cannot find words; confusion of ideas.

Dislikes to move after being seated.

Unable to pay attention to lectures; the lightest labour seems a heavy task.

SENSORIUM.—Vertigo when out of doors, especially when facing the sun.

SEASICK WITHOUT NAUSEA.—Vertigo, a sensation of sea-sickness without nausea.

Vertigo, especially on stooping.

Vertigo, with pressure on brain.

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INNER HEAD.—Occipital headache, lasting all night, frequent waking with the pain, better after rising (*Gels.*).

Dull, heavy headache, with no ambition ; completely tired out.

Awoke with pains in occiput and lumbar region, better by lying on back, passed off after rising (nineteenth to twenty-first day).

Severe, sharp, transitory pains in left temple.

Pains go from left eye to head, making him wretchedly ill ; no better after a siesta.

Dull headache across eyes better outdoors (*Arg. n.*, *Puls.*).

Dull headache across eyes, most on left side ; left eyelid droops.

Sharp pains through the temple (*Coff.*).

Dull frontal headache and nausea, with dizziness, better from lying down (*Bry.*).

Preceding menstruation violent tearing in forehead and sense of fatigue, relieved on lying down, and on menses appearing.

Pain through base of brain, between the eyes and occiput, worse at night, relieved after eating, and from gentle motion (compare *Bry.*).

Menstrual headache, beginning before and lasting through the flow. The pain is in the occiput and over right eye, running between these points through base of brain ; > by hot applications, pressure, lying down, eating, gentle motion ; < by noise, it seems as if sound hurt the brain ; always hungry, with the headache (*Psor.*, *Sep.*).

Dull aching in occiput, better while eating dinner (*Psor.*).

Severe aching from occiput through base of brain (*Bry.*, *Gels.*).

Burning in forehead while bowels are moving.

Heavy pressure in forehead.

Intense headache from emotions and physical effort.

Headache in the morning on awakening.

Headache with vomiting of sour phlegm.

Pain across the forehead and into both temples.

Neuralgic pain at base of brain and upper spine (*Sil.*).

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Headache which makes the eyes unable to bear light (*Bell.*).

Severe headache lasting one day, followed by nausea lasting four days.

Sensation of a band around forehead just above eyes (*Carb. ac.Sulph.*).

Heavy, dull pain over eyes, as if brain would expand were it not for cranial bones.

Sharp, darting pain over left orbit.

Neuralgic pain in right parietal eminence.

An aching, nervous sensation, in the cerebellum and upper cervical region, and a tenderness over or just posterior to the mastoid processes, which when aggravated seems to spread over the entire head or brain (*Gels.*).

Headaches depending on irritation of spine, occurring from over exertion, sexual excesses, or at the menstrual nisus.

OUTER HEAD.—Intense itching on scalp, worse in morning after waking (*Sulph.*—worse at night, *Cal.*).

Soreness in back of head, cannot bear pressure on it.

Back of head very sore, as if someone was pulling her hair, as if hair pins were sticking into her head (*Lyc.*).

Severe sharp pain in left mastoid process frequently returning and continuing for days (*Lach.*).

Severe neuralgic pain in left mastoid, aggravated by motion and in open air.

Itching of the scalp; baldness and dryness of the scalp.

EYES.—Conjunctivæ inflamed.

Watery secretion from the eyes.

Sensation of sticks in the eyes. (*Arg. nit., Puls., Sulph.*).

Eyelids swollen.

Eyes full of mucus; must frequently wipe them in order to see in evening (*Con., Euph., Graph.*).

Aching and soreness in eyeballs, hurts to turn them (*Spig.*).

Lids agglutinating in morning (*Cal., Graph. Nux., Sulph.*).

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Sensation of sand in eyes (*Arg. nit., Sulph.*).

Sharp pain from right eyeball to temple in morning.

Pains darting from eyes to temple, relieved by pressing on temples.

Eyes feel sore round edges of lids, andburn as though they had been full of smoke (*Nat. mur., Ars., Sanic.*).

Eyes feel sore, as if they had been weeping. Awoke with severe pain through left eye; seemed to throb and increase in the sunlight; went to head at 11.30 a.m., becoming intense and making him wretchedly ill; dosed about an hour and awoke feeling no better.

Stye on left eye, lower lid; lids agglutinated in morning.

Eyes feel as after hard crying; left lid droops, almost closed (*Graph.*, r. lid., *Caust.*).

Soreness of left eyeball, worse from pressure (*Spig.*).

Eyes easily tire when reading (*Con., Nat. mur., Ruta*).

Sudden, dark mist before eyes, in forenoon.

Eyes twitch a great deal, feel as if they had been strained by fine work. Print becomes blurred after reading a few minutes (*Nat. mur., Ruta*).

Eyes unable to bear light, with the headache (*Bell., Con.*).

Heavy motion of the eyelids.

Dry sensation in eyes.

Burning in eyes; sensation of sand in eyes (*Arg. n., Nat. m., Sulph.*).

Swelling of lids. Eyes inflamed.

Eyes cannot bear light (*Bell., Sanic., Psor.*).

Black spots moving before eyes (*Sulph.*).

Pricking and smarting as if eyes were full of sand; light aggravated.

EARS.—Itching in the auditory canals. Sore pimple on upper margin of meatus of left ear. Pustule inside on left tragus (*Kali mur., Puls., Sanic.*).

Hearing supersensitive, cannot bear noise (*Bell., Nux.*).

Deep-seated pain in ears; stinging, itching; worse by lying down (*Lach*).

Fulness, singing and ringing in ears (*Chin., Sulph.*).

Sharp pain in left ear and down left cheek.

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NOSE.—An inveterate catarrh was greatly relieved after proving the 30th.

Thick yellow discharge from nares, worse in morning.

Nares obstructed at night (*Lych.*, *Mer.*, *Nat. c.*, *Puls.*, *Amm. c.*).

Bland, watery, coryza, worse in morning (*Euphr.*; *Nux.*).

Sneezing, worse in open air.

Nasal discharge thick and yellow (*Mer.*, *Puls*, *Sulph.*).

Both nostrils stopped up with discharge of clear, stringy mucus.

Nose obstructed; sneeze from slight exposure to the air on awakening at 2 a.m.

Sneezing in morning; fluent watery coryza.

Violent sneezing with symptoms of a fresh cold.

Sneezing occasionally, with constant desire to do so (*Cepa.*).

Coryza with sneezing at 5 p.m.; frequent sneezing.

Much sneezing and fulness in nose.

Sores inside nares with yellow crusts, continuing about two weeks.

Yellow crusts blown from nose, followed by epistaxis of dark blood.

Offensive yellow crusts from nose.

Stoppage of right nostril, like catarrh.

Scanty discharge from right nostril.

Stoppage of left nostril and headache.

Symptoms of cold in head with mild headache, then a mucous discharge from nose.

Green or white mucous discharge from nose; right nostril more affected than left.

Small growth, very sensitive, at opening of left nostril, lasting two weeks.

Dry crusts, bleeding; very sensitive smell or lack of smell.

Nostrils obstructed; thick mucus hawked from post nares.

Yellow, green or brown discharge; at times as clear as water.

Ulcers of the Schneiderian membrane (*Kali bi.*).

Hard, greenish yellow crusts formed in left nostril; on being picked out they leave a sore spot (*Kali bi.*).

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FACE.—Itching of face under beard.

Itching on right cheek and temple.

Itching pimples on face.

Itching pimples on forehead, suppurating next day.

A brown patch from edge of hair to eyebrows, three inches wide, lasting three months (*Sep.*).

Neuralgic stitches, especially from upper teeth to left ear, and from temple forward to a point just above right eye, from cold air (while driving) > warmth of hand.

A vesicle, like a cold sore, on upper lip, right hand corner; lip feels swollen and itchy. Group of sore hydroa on lips (*Nat. mur.*).

Soreness and swelling of the parotid glands, and of the axillary glands.

Red, burning face and forehead, at other times pale or yellow.

Pimples, sore crusts on lips.

Desquamation of skin on face.

Sickly, pale, dirty complexion.

Pain in maxillary bones, with stinging and aching, amelioration after eating, speaking, walking and by touch.

Warm feeling, as if candle were held near left cheek.

TEETH AND GUMS.—Teeth feel sore when biting.

Grinding teeth when sleeping, and mumbling in sleep.

Pain in teeth after every cold.

Aching with much secretion of saliva.

Swelling of gums and upper lip; aching of teeth all night and forenoon of next day.

Blister of the gums; secreting pus.

Digging in roots of teeth all along the left lower jaw.

Dull frontal headache and nausea, with dizziness, under disappearance of the toothache.

Every morning after rising frontal headache and digging in left lower jaw alternately appear till 10 or 11 a.m.

Teeth sore and painful in sockets (*Mer.*).

A dead tooth (with fistulous opening) is ulcerating—the surrounding gum is much swollen.

Gums pale, swollen, soft and bleed easily (*Mer.*, *Nit. ac.*).

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A watery swelling back of left wisdom tooth, in the angle of the lower and upper gums, not sore, but troublesome on account of its size.

Sharp pain in the second bicuspid and first molar lower teeth, both sides; in teeth that have been filled, especially when taking anything hot or cold in mouth.

Several provers were compelled to abandon the proving owing to severe pains in decayed teeth or teeth that had been filled.

MOUTH AND TONGUE.—Sensation of swelling of left submaxillary gland, with slight swelling and painfulness to touch.

Membrane of mouth swollen throughout; that on hard palate lying in ridges.

Offensive odour from mouth (*Bis.*, *Carbo.*, *Mer.*, *Psor.*).

Stinking breath, mornings, like rotten cheese.

Saliva profuse (*Merc.*, *Carb. ac.*).

Saliva profuse, thick and salty; mouth tastes badly.

White, coated tonguue.

White, slimy tongue.

Tongue coated white, with yellow streaks; upper surface stiff; edges red and sore; transverse cracks.

Putrid, bitter and sour taste.

Bitter taste in morning.

Tongue coated greenish-yellow (golden-yellow, *Natrum phos.*).

Roof of mouth swollen, lying in ridges.

Roof of mouth feels as though it was lined with grease.

Dry lips and tongue.

Soreness of the fauces.

Dry tongue.

To be continued.

SODIUM CITRATE FOR DIRECT BLOOD TRANSFUSION.—Schildecker (*Amer. Jnl. Obs.*, lxxii., 5) describes a method and container for taking blood from the donor and preventing coagulation by the addition of sodium citrate. The method appears simple, and for it it is claimed that the whole procedure is visible, no hurry is necessary, the exact quantity of blood taken is measured, it does not require much experience to use it, and can be followed in a private house.

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LONDON HOMŒOPATHIC HOSPITAL

REPORT OF THE SIXTY-SIXTH ANNUAL GENERAL MEETING OF THE GOVERNORS, SUBSCRIBERS AND DONORS.

THE Annual General Meeting of the Governors, Donors, and Subscribers, was held on Wednesday, March 15th, in the Board Room of the Hospital, Great Ormond Street. The Right Hon. the Earl of Donoughmore (Treasurer) presided, and those present included Mr. E. Clifton Brown, Dr. Burford, Miss Burney, Mrs. Caird, Mr. Kirby Church, Mrs. Clotworthy, Mr. Wm. Crowe, Dr. Currie, Dr. Green, Mrs. Griffin, Dr. Hey, Mrs. Granville Hey, Mrs. Holman, Mrs. Clark Kennedy, Mrs. Menzies, Dr. Byres Moir, Mr. and Mrs. Morton, Dr. and Mrs. E. A. Neatby, Miss Porter, Mr. Knox Shaw, Rev. H. Stork, Mrs. Strong, Miss Noble-Taylor, Mr. Watson Taylor, Mr. J. F. Trotter, Mr. Hawkins Turner, Dr. Weir, Mrs. Willis, Dr. Woods.

Letters of regret at inability to attend were announced from Mr. Ridley Bax, Mr. R. H. Caird, J.P. (Chairman of the Board of Management), Col. Clifton Brown, Lady Durning Lawrence, Lord Newton, Mr. J. G. Stilwell, Sir G. Wyatt Truscott, Sir R. W. Perks, Mr. Poate, and Col. Ditmas.

The meeting having been opened with prayer by the Chaplain, the Rev. H. Stork, Mr. W. Hammond, the Secretary Assistant, read the notice convening the meeting. The minutes of the last annual meeting were taken as read.

The meeting, on the suggestion of the Chairman, agreed to take the reports and accounts as read, and proceeding to move their adoption, Lord Donoughmore said that was the second occasion they had held their annual meeting during a state of war. He fervently hoped it would be the last, although he could not honestly say he believed it would be. A time of war was a time for work and not for talk, and therefore his remarks on that occasion would be very brief. They were thinking of other things, for he did not suppose there was a lady or gentleman present who was not either mourning or in anxiety about some near

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and dear one now "somewhere in France." One of the earliest paragraphs in the report referred to the Neuilly Hospital. It was not their business to talk in detail about that hospital, because it had no connection with their institution excepting that it had been what he might term a very beneficent and happy godfather to it. That hospital at Neuilly was being closed, and a special report on its operations would shortly be in the hands of all the subscribers. He (Lord Donoughmore) had the pleasure of visiting the hospital last autumn, and he could not help being impressed with the excellency of the work that was being done there. There were two things about the Neuilly hospital which he thought he had a right to say. The first was, that last December, he had a conversation with a member of the French Red Cross Committee, and that gentlemen went out of his way to tell him (the Chairman) how much they appreciated the efforts which had been made to keep the Neuilly hospital going. A day or two later he happened to be in the big American hospital at Neuilly, which was only a few yards from their little hospital, and knowing how kind and sympathetic they had shown themselves to their work, he (Lord Donoughmore) took occasion to thank the American friends for the help and assistance they had been ready to give them at all times. He was very glad to see Dr. Dudley Wright back again after a very busy fifteen months' work in France, and he was sure they all rejoiced to see him once again at the hospital. (Hear, hear). Between thirty and forty of their nurses were serving in military hospitals, and he wished them all success in their work and a safe and speedy return. The war had also deprived them of the services of their Secretary. He had no doubt that most of them had seen that Capt. Attwood was recently mentioned in Sir John French's dispatch. Their thoughts and best wishes went out to their Secretary, and, while they missed him very much, they were comforted by the thought that he was busy knocking over Germans in the same way as he used to be busy knocking over subscribers. (Laughter). Mr. Hammond had been carrying on Capt. Attwood's

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work, and they were very grateful for all he had done. The hospital had also, he was glad to say, been able to do its share in helping the country by looking after some of the wounded. So far seventy-seven naval patients had been admitted, and it was a great pleasure to have been able to give treatment to those brave men who had been either wounded or who had fallen sick while serving King and Country. (Applause). Turning to their expenditure, it was very satisfactory to be able to report that they had got their assessment considerably reduced, which meant a saving in rates of £188 a year. Their insurances were up, and for an obvious reason. The average cost per bed was also up—again for obvious reasons. Anybody who had to do with household management knew how the cost of all necessaries had gone up, that they must expect to pay more for things in war time. With regard to their income, they had received £1,000 from King Edward's Fund, the same as last year; from the Hospital Sunday Fund £713, which was £205 more than in 1914; and from the Hospital Saturday Fund £201, an increase of £24 over the previous year. They also acknowledged with gratitude a donation of £25, being the first of the kind, from the proceeds of "Alexandra Day." Since the report was printed, they had received a legacy of £1,000 from the late Mr. G. Martineau. The net result of the year was that the deficit had increased by £3,200, and when that was added to the deficits of 1913 and 1914 together amounting to £6,500, it made a total deficit of £9,805. That was unfortunate, but under existing conditions it was inevitable. He was full of gratitude for the good work which had been done by the whole of the Hospital Staff in these very trying times. He did not know what proportion of their Medical Staff had gone to the Front, but it must be a very large one, and while the work they were doing abroad was heavy, it was also very heavy for those who remained at home. He had seen a good deal of the work of medical men during the last eighteen months, and to use an Americanism, he would say—"My goodness, the medical profession have made good in this war." (Cheers). He had been in a good

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many hospitals and seen much excellent work, and what he had seen had more than ever convinced him that he was right in continuing to feel proud of his connection with that hospital, which was doing as good a work as any hospital in the British Isles—or, indeed, in the world. (Applause.)

Mr. Morton, in seconding the motion, said he could assure the Governors that the members of the Board had given the most careful and painstaking attention to all matters that had come before them during the year.

The report was adopted.

Dr. Burford said he had much pleasure in proposing a vote of thanks to the Board of Management and House Committee, Nursing Committee, Treasurer, Vice-Treasurer, Lady Visitors, and Ladies' Guild. The Chairman, in his speech, had given them many excellent reasons why they should pass that vote with enthusiasm. The Board of Management had had a time of great stress, in common with the committees of all hospitals. Not only had there been the difficulty of finance, but it had been a matter of extreme difficulty to arrange for the nursing and medical departments of the Hospital owing to the exceptional demands occasioned by the war. He knew of one large hospital with 500 or 600 beds that was actually without a resident house surgeon. They were not quite so badly off in that respect, but in the immediate future he was afraid the strain on their staff would be greater than ever, and it was a pleasure to know that some of their old colleagues were ready to come forward and help the hospital in its time of stress. It must be a great pleasure to the Governors to hear that the position of the hospital was good, and that its prospects were excellent. A good many of the medical staff were away on national service, and it was very nice to know that the hospital had added its quota to the professional work for our wounded soldiers and sailors to which his lordship had alluded. With regard to the nursing staff from the matron downwards, they had reason to be proud of their work, and they were especially grateful to them for what they had done under the trying

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circumstances which had prevailed owing to so many of them being away at other work.

Mr. Crow seconded the motion, and it was carried with enthusiasm.

Mr. Clifton Brown, in replying to the resolution, said he was sure they all greatly regretted the unfortunate absence of their Chairman, Mr. Caird, who devoted himself whole heartedly to the interests of the hospital. Mr. Hawkins Turner, too, who had given up a great amount of time to the service of the institution, had been called away, or otherwise he would have been pleased to have thanked the Governors for their vote. The Board of Management was very grateful to the Governors for their continued confidence and for the kind assistance which they were always willing to render them. The Board would be unable to carry on their work without the assistance which the valued Medical Staff, many of whom had devoted long years of arduous service to the hospital. It was a pleasure to be on a board of a hospital where the medical and nursing staff worked together with such complete harmony. The Medical Staff and the Board occasionally had differences of opinion, when the doctors sometimes recommended certain things which the Board knew were required for the good of the hospital, but unfortunately they were not always able to do all they would for want of funds. In all those discussions the Medical Staff had been able to see the point of view of the Board, and had made their task easy.

The Rev. Mr. Stork replied briefly on behalf of the Ladies' Guild and the Lady Visitors, remarking that he was sure such work brought its own reward.

Mr. Knox Shaw moved the following resolution :— The re-election of the President : The Earl Grey. The Vice-Presidents : The Earl of Dysart, The Earl of Morley, The Earl of Plymouth, The Earl of Donoughmore, The Lord Ebury, The Lord Napier of Magdala, Sir George Wyatt Truscott, Bart., and the Hon. Wm. Warren Vernon. The Treasurer : The Earl of Donoughmore. He remarked that the present was not a time for making changes at the hospital, and he

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was quite sure, as long as those gentlemen were willing to continue their services, it would be the wish of the Governors that they should continue in office.

Dr. Neatby, in seconding, said that Mr. Clifton Brown had referred to the way in which the Medical Staff acted with the Board. Speaking for his colleagues, he would like to say that the Board had been extremely kind in the way they had treated the Medical Staff in their vagaries and extravagances, and in meeting them on various other points. They did not always give them exactly all they wanted, but if they refused a request the staff knew there were good reasons for the refusal. If they wanted a monument of the work of the Board of Management they had only to look around the hospital. (Hear, hear). The interest which Lord Donoughmore had shown in the institution of late years was particularly gratifying to them. He had well and worthily filled the position of Treasurer in succession to the late Earl Cawdor, and they had much to thank his lordship for. (Cheers).

The resolution was carried.

The Chairman briefly thanked the meeting for the re-election of himself and colleagues, and said he could say that as long as the hospital considered their services of any value, they would be freely placed at the disposal of the Governors.

Mr. Dudley Wright next proposed the re-election of the retiring Members of the Board of Management: —Mr. A. Ridley Bax, Colonel Clifton Brown (the Vice-Chairman), Dr. Byres Moir, Mr. E. Handfield Morton, Mr. R. C. Oust, Mr. J. P. Stillwell, Mr. Edwin Tate, Sir George Wyatt Truscott, Mr. H. Hawkins Turner, Dr. E. A. Nsatby, and Dr. J. Weir. He said that speaking as a member of the Medical Staff, and one who had a good opportunity of judging the work of the Board of Management, he could only say that as far as they were concerned the present Board had their entire confidence, and he felt sure that the Subscribers and Donors felt the same. (Hear, hear). In the past year the Board had had a very strenuous time, for owing to the absence of the Secretary, a great deal of extra work had been thrown upon them. He

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entirely re-echoed what Dr. Neatby had said as to the harmony which existed between the Board and the Medical Staff, which he regarded as one of the harmony which existed between the Board and greatest assets of the hospital.

Mr. Granville Hey seconded the motion. He said it must have been a great disappointment to Mr. Caird that he had not been able to come to the meeting, but fortunately Mrs. Caird was present, and she would be able to tell that gentleman how his services were appreciated by the Governors.

The motion was carried, and acknowledged by Dr. Bryes Moir, who remarked that it would be a great pleasure to the retiring members of the Board to take up work again. He quite realised that there were difficult times ahead for all hospitals, but the one thing that had struck him especially of late was the extraordinary liberality of the British public to all good work works, and he felt confident that in the future, as in the past, our great hospitals would not lack for support.

Mr. Morton said he had much pleasure in proposing the re-election of the Honorary Medical Staff; confirmation of the appointment of Dr. A. Spiers Alexander, surgeon for diseases of the eye; and a vote of thanks to the Medical Staff. The members of the Board had had every opportunity of seeing the work of the Medical Staff, and knew that whenever their services had been called upon they had been ready to give them at whatever personal sacrifice.

Mr. Clifton Brown, in seconding the motion, which was carried, remarked that, to use another Americanism he would like to say that the doctors of the London Homœopathic Hospital were *some* doctors. (Hear, hear, and laughter).

Dr. Burford briefly acknowledged the vote. He said that, having been connected with the hospital for a quarter of a century, he could truthfully say that he never felt prouder of his colleagues than he did at the present time.

On the motion of the Chairman, seconded by Mr. Crow, the auditors, Messrs. Prideaux, Frere, Brown and Hanney were re-elected.

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THE HOMŒOPATHIC CONVALESCENT HOME.

The annual report of the London Homœopathic Home, Eastbourne, was next submitted.

Dr. Weir proposed the adoption of the report, and referred to the excellent work the Home was doing in enabling the doctors at the hospital to discharge their patients sooner than they would otherwise be able to.

Dr. Fergie Woods seconded the motion, and expressed the hope that when the war was over it would be possible to go forward with the scheme for providing accommodation at Eastbourne for male patients.

The motion was carried.

On the motion of Mr. Clifton Brown, a cordial vote of thanks was accorded the Chairman for presiding, and Lord Donoughmore having briefly acknowledged the vote, the proceedings terminated.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE monthly meeting of the British Homœopathic Society was held on April 6th, Dr. Wheeler, the President, in the chair. Among the visitors was Dr. de Silva, who brought a fraternal greeting from the Hahnemannian Institute of Brazil. Dr. E. A. Neatby showed a very interesting series of specimens illustrating gynæcological cases. Mr. Dudley Wright then read a paper upon his fifteen months' work in France under the Red Cross. We hope to have the honour to reprint this as an article. It is work of the profoundest interest both in a technical and a humanitarian sense. A large audience listened with deep attention and the lantern slides which illustrated the paper added not a little to its attractiveness. There was no formal discussion, but a most hearty vote of thanks was passed to Mr. Dudley Wright.

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM MARCH 16TH TO APRIL 15TH, 1916.

GENERAL FUND.

SUBSCRIPTIONS.

	£	s.	d.
Mrs. Eliott		5	0
Dr. A. S. Kennedy		5	0
Mrs. Thomson	1	1	0
Mrs. E. M. White		2	6
Messrs. Gilbert and Hall	1	1	0
Mrs. Wilmot	1	1	0
Mrs. Bromley		2	6
Dr. Nankivell	1	1	0
J. G. Ronald, Esq.	5	5	0
Mrs. H. J. T Wood	1	1	0
E. Ford Duncanson, Esq.	2	2	0
The Rev. John Thornley		5	0

NATIONAL HOMŒOPATHIC FUND.

SUBSCRIPTIONS.

	£	s.	d.
P. Harrison, Esq.	1	1	0

The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 11th April, at 4.30 p.m.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Tuesday, 11th April, at 5.30 p.m.

The General Annual Meeting of Members of the Association will be held at Chalmers House (43, Russell Square, W.C.) on Thursday, May 18th, when all friends and supporters are welcome. The President, Sir George Wyatt Truscott, Bt., will take the chair.

RADIUM BROMIDE.—According to recent provings of *Radium bromide* it would appear to have some decided action in bronchial irritations with tickling cough worse after going to bed at night. Many remedies have this symptom, however. Those who have used *Radium* in the night coughs of phthisis give encouraging reports.

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CORRESPONDENCE.

[To the Editor of the "Homœopathic World."]

Dear Doctor,—Without any introductory preamble allow me the privilege of stating that, like many another old soldier I am trying to do "my bit" for the men in the firing line. "My bit" takes the shape of a small tin box measuring $6\frac{1}{2} \times 4\frac{1}{4} \times 2\frac{1}{2}$, and contains five wooden bottles, filled with medicated globules; also lint, cotton wool, tape, tube of lanoline, on the inside of the lid (flat) a strip of adhesive plaster, and lastly a pair of small scissors. This is the box referred to in the extract from the soldier's letter, who writing to his sister declares that "I cure everybody." The printed directions (copy enclosed) will enable you to apprehend the nature of the ailments I have attempted to cope with, so that any further explanation *re* the tin box and the contents is unnecessary. Except to explain that one of the wooden bottles is bored from both ends, with a dividing wall left in the process, which accounts for the two sets of directions on the one label.

Owing to the approach of the European summer, and the dispositions of some of our New Zealand boys, within the last few days only I have been utilising the cavity of the wooden stoppers and placing within each one, (covered by a pledget of cotton wool), fifteen small globules medicated with *Glonoine*, three to be taken every four hours, to counteract, whenever required, the effects of the sun's rays, or the intense heat of the desert.

The extract from the soldier's letter I have copied, and enclose with a heading written by myself. Perhaps you will deem it expedient, for the sake of Homœopathy to publish the extract, but should you think otherwise, it may be consigned to the waste paper basket.

Yours faithfully,

D. Wishart.

3, Grant Street,
Dunedin,
26th January, 1916.

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A plain unvarnished tale, showing or demonstrating the value of Homœopathy to soldiers in the field, as chronicled by one of themselves, who was furnished with a small box containing six remedies, with printed directions for the administration of same.

——— CAMP,
7th December, 1915.

DEAR SISLY,—I am called the doctor here as I have Mr. Wishart's box, and I cure everybody of colds, indigestion, etc. Tell Pa, to tell Mr. Wishart that the pills he gave me act like magic, and if I charged for curing the boys I could make a fortune. They have great faith in my box. The only trouble is that I can't get anything wrong with myself to see how they would go on me.

From ALF. ———

"TRUTH IN HOMŒOPATHY."

DENHOLM, HAWICK,
SCOTLAND.
March 25th, 1916.

[TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."]

SIR,—Since coming to the conclusion, which I think I have proved in my book, that food is the chief cause of disease, my attention has been directed to the different theories of disease. I have a translation of Hahnemann's *Organon* published in 1833, with a preface by Samuel Stratten, M.D.

Of the doctrine of Homœopathy he says "Time will develop the truth or fallacy of the principle on which it is founded." The theory of Homœopathy has now been long enough before the profession to enable it to say what truth there is in it, but opinions still vary, and it may be well to try to find out whether it is not ignorance that prevents the profession agreeing as to the theory of disease. It was the mass of contradictory theories that made Hahnemann abandon medicine and take to the study of chemistry, and that mass is no less, but rather greater than in his day.

If my theory is correct, and after proper enquiry by the profession, found and acknowledged to be correct,

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perhaps, when we know *how* food causes disease, we may be able to see what truth there is in the various theories of disease.

Hahnemann commenced as a public teacher in Leipsic in 1811, where, with his pupils, he zealously investigated the effects of medicines on the living body, which formed the basis of the *Materia Medica Pura*, which appeared in the same year

In his preface to the "*Organon*," Hahnemann says—

"Hitherto the prevailing schools of medicine have invariably regarded the spontaneous efforts of nature in diseases as a model that could not be too closely imitated in the exercise of the healing art. If such were in reality the voice of the infinitely wise and all-powerful Creator of the Universe, then ought we to follow so infallible a guide without hesitation, notwithstanding the impossibility of conceiving how it could be the office of the physician to disturb or modify the action of this supposed agent by the artificial aid of medicines. But this is far from being the case, and *that* nature which is held up to our view as so perfect a model of imitation, is nothing more than the instinctivevital power belonging to the organic laws of the body, alike destitute of the power of reason and incapable of reflection. The Creator has destined it solely to preserve the activity and sensibility of the organism in a surprising degree of perfection, so long as the healthy state continues; but it was never formed to serve as a guide in restoring the order and harmony of the system where health had been deranged. For, when the integrity of its condition has been changed by external influence this power is instinctively and automatically stimulated to a revolutionary proceeding, by means of which it strives to escape the threatened danger; but this effort constitutes in itself a disease, and is another evil either added to the preceding malady or substituted in its place. Obedient to the organic laws upon which it is founded, it excites a new disease in order to free itself from that which previously existed, which purpose is accomplished by the sacrifice of a portion of the solids and fluids of the body, an operation both difficult and uncertain

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in its results, frequently opposite to the desired object and interrupted by a variety of incidents."

That paragraph, in which Hahnemann betrays his belief in two gods, the God of Nature and the God of Grace is followed by another which I must quote. It says, "If mankind had not constantly witnessed those imperfect and vain attempts, they would never have given themselves so much trouble to promote the blind efforts of this self-helping instinctive vital power, which is incapable of reflection; nor would they have been so zealous in coming to the assistance of the suffering vital powers by inventing a system of the healing art. And since this art consists merely in the gross imitation of a useless, vain, and oft injurious effort, so must it then be conceded that the true art of healing remained undiscovered till my time."

From that paragraph it is evident that the teaching of Hippocrates, who reverenced the "Vis Medicatrix Naturæ," was guiding the practice of medicine in Hahnemann's day, and that allopathy is comparatively modern, and may have been enunciated in hostility to Homœopathy. When I was a student I was taught not to assist Nature as Hippocrates did, but to oppose her action. If there was diarrhœa, or bleeding I was taught that they must be stopped; but, I had no idea that until Hahnemann appeared, Hippocrates was the accepted guide in the treatment of disease, and if Homœopathy has been the cause of the "Vis Medicatrix Naturæ," of Hippocrates being dethroned it may have done as much harm as good.

Since I began to "prove" foods I have come to the conclusion that so long as the aim of the physician is merely to relieve symptoms, or cure disease by drugs he is pandering to the patient. Hippocrates said the aim of the physician should be, to find out a diet suitable for the sick, but if my theory is correct, if food is the chief cause of disease, the aim of the physician ought to be to find out a diet that will prevent disease.

One of my best patients when I was in practice at Manchester, was a lady whose supper table, at 9 p.m.,

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was loaded with the most appetising dishes, at whose hospitable board I was often an appreciative guest.

When she became ill I told her she must give up eating as she was doing, but that was not agreeable advice. She said she wished me to give her something that would enable her to go on eating as she was doing. I reasoned with her, and, at last she did listen to my advice and, instead of going to the table d'hôte in the hotel at Mentone, where I once visited her, her maid cooked porridge for her supper in her private room. Whether or not it was from changing her way of living, she outlived all her sisters and her brother, dying at a good old age.

Had I pandered to that patient's weakness, by giving her a drug, on either the allopathic, or homœopathic theory' I would have done wrong; but, how blind I was not to see, that it was the way she was eating that had made her ill, and that, unless I changed my way of living, which was the conventional way, I, too, would suffer. I did not change until I suffered, and nearly died of appendicitis. But, if it is food that is our danger, how does it act? To find out the action of a drug, Hahnemann took it, and noted the symptoms it produced. He did not try to find out how it produced the symptoms, nor did he care. All he wanted to know was what drug caused symptoms like those of his patient, knowing that, he prescribed the drug, in accordance with his theory.

Beautifully simple, no doubt, but suppose Hahnemann had "proved" green peas, for example, as I have done, and found that they produce lumbago, would he have given an infinitesimal dose of green peas to one suffering from lumbago, which they had caused? I suppose he would, and it is possible he might have cured him, but unless he knew the cause, and warned his patient he deserved comparatively little credit. But this brings me to the question, How does any drug produce any symptom, or how does any food, such as green peas, produce any symptom? That is a difficult question to answer, but I am inclined to think that it may be through the nervous system. Food taxes the nervous system as it is being

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digested, and the over-taxed, or over-stimulated nerve becomes paralysed, whatever its special function may be. If the stimulation be excessive, or long continued, and as the result of my study of the action of food on the system, and of diseased states, I believe that over-stimulation of the nerve centres, leading to paralysis, will be found to be at the root of every departure from the healthy state, barring accident, or climatic influences. So that the fact that a small dose stimulates, and a large one leads to paralysis, may explain any success that the practice of Homœopathy has achieved, by drugs.

I am, etc.,

JOHN HADDON, M.D.

[A short study of the orthodox methods of treatment in Hahnemann's day will soon convince the enquirer that the methods of Hippocrates were more honoured in the breach than in the observance. We do not imagine that Hahnemann was referring to the Vis Medicatrix Naturæ. ED. H. W.]

VARIETIES.

PROLAPSE OF THE VAGINA, TRACTION ELONGATION OF THE CERVIX, PROLAPSE OF THE UTERUS, ETC.—Keyes (*Amer. Jnl. Obs.*, lxxii., 4) says that the multiparous uterus is very prone to undergo some true traction elongation, without or with some prolapse of the corpus uteri. Vaginal traction on the cervix may cause either elongation or prolapse of the uterus. If the upper pelvic floor supports are normally strong it requires considerable vaginal traction to pull permanently down a uterus held in place by an intact and elastic periparametrium. The upper floor segment with the normal acute or right angle successfully hinders secondary prolapsus uteri, and vaginal traction, if present, may cause true traction elongation. The uterus, though retroverted, may still be held at the normal height by its own supports. Prolapsus uteri is divided into (1) primary nulliparous, (2) parous, (3) combined primary and secondary, (4) purely secondary in the parous. In the virginal and nulliparous primary prolapse the absence of cystocele and rectocele forces one to seek other causes —*e.g.*, congenital periparametric weakness. In the primary parous prolapse the acquired upper floor segment weaknesses due to childbirth are the most important. An enlarged subinvoluted uterus of itself seems to have little influence in causing prolapse. Not the least among the causes of prolapse is the premature application of forceps and tearing of the para-uterine and para-vaginal tissues of the upper floor segment. In purely

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secondary prolapse the upper floor segment is at first normally resistant, and the descent may be very gradual, taking years to come down to an appreciable degree. Treatment is considered under prophylaxis in pregnancy and labour and by oblique episiotomy to save the lower pelvic floor segment. The true principle of operation is to reunite the recto-vesical fasciæ and levator muscles, and in anterior colporrhaphy the recto-vesical fascial supports of the bladder. The lower segment operations alone suffice in those cases in which the cervix is still maintained at its proper height. The vaginal interposition of Schauta is often placing too much reliance upon the anterior portions of the upper floor segment and recto-vesical fascia without sufficient regard to posterior portion.

HÆMORRHAGE IN NEWLY-BORN BABIES.—Manning (*Archives of Pediatrics*, November, 1915) records the cases of six babies who suffered from various forms of hæmorrhage shortly after birth. In five of the six cases blood was vomited and passed by stool, while in the other case the bleeding took place from the wound resulting from a circumcision. All the patients were treated with some form of blood serum. Horse serum, anti-streptococcic serum, and anti-diptheria serum were used in various cases, and two patients were treated in addition with serum derived from their father's blood. Two of the six patients died, one of whom had an intracranial bleeding, and in the other numerous small ecchymotic spots were found along the course of the intestine, which, however, was not ulcerated. Cultures from the heart and umbilical vessel of this latter child showed a streptococcic infection. Manning concludes that blood serum therapy at present offers the best hope of success in the treatment of this distressing condition, but that there appears to be no reason why other forms of treatment should be entirely discarded.

SOURCE OF ERROR IN THE USE OF ESBACH'S ALBUMINOMETER.—Jones (*Glasgow Med. Jnl.*, January, 1916) points out that urine that is strongly alkaline may fail to give a precipitate with Esbach's reagent even though the urine may contain large quantities of albumin. He records the instance of a urine which was strongly alkaline, and which, with various tests, showed that it contained a considerable quantity of albumin. Esbach's re-agent and this urine, mixed in equal proportions, gave a cloudy precipitate, which disappeared on being shaken. On allowing this urine, mixed with the reagent, to stand in the albuminometer fortwenty-four hours, no precipitate was produced. The mixture, which was already acid in reaction, was more highly acidulated with citric acid, and the result was a copious deposit of albumin, which, on standing for twenty-four hours, registered " 8 " on the measured glass. Jones concludes that this case demonstrates the importance in testing of being careful as to the reaction of urine, and of not trusting to a reagent such as Esbach's as being sufficient, at least in small quantity, to precipitate albumin.

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LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE:—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays and Tuesdays, 2.0; and Thursdays and Fridays, 9 a.m.; Diseases of Women, Tuesdays, and Wednesdays 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Nose, Throat and Ear, Wednesdays, 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Monday, Thursday and (Out Patients Saturday mornings); and Wednesday, Thursday and Friday afternoons; Diseases of the Nervous System, Fridays, 9 a.m.; Electrical Cases, Tuesdays and Fridays, 2.0 p.m; Physical Exercise Department, every day except Saturday at 9 a.m.

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For the treatment of Diseases of Children only. *Medical Cases* daily, and Special Departments for—*Eye*, Wednesday; *Ear Nose and Throat*, Wednesday; *Skin*, Tuesday, Wednesday and Friday. Doors open 1.30 p.m. Closed 2.30 p.m. daily, except Saturdays, Sundays, and Bank Holidays. Sir Geo. Wyatt Truscott, Bart., President. G. W. Budden, Esq., Hon. Treasurer, Dr. E. Petrie Hoyle, Hon. Sec. Telephone: Hammersmith 1023.

REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Asch (P.) Twelve Lectures on the Modern Treatment of Gonorrhœa in the Male. Translated and Annotated by Faxton E. Gardner. Cr. 8vo. Heineman. Net 5s.

Ash (Edwin L.) Stammering and Successful Control in Speech and Action. Cr. 8vo. pp. 122. Mill & B. Net 2s. 6d.

Bing (Robert). A Text-box of Nervous Diseases. Translated by Charles L. Allen. 4to. Heinemann. Net 21s.

Bliss (A. R.) and **Olive** (A. H.) A Text-box of Physics and Chemistry for Nurses. 8vo. Lippincott. Net 6s.

Hull (Alfred J.) Surgery in War. With a Preface by Sir Alfred Keogh, K.C.B., M.D. With 26 Plates and 55 Text Figures. Cr. 8vo, pp. 496. Churchill. Net 10s. 6d.

Lane (W. Arbuthnot) Cleft Palate and Hare Lip. 3rd ed. Royal 8vo, pp. 108. Adlard & Son. 10s.

Macdonald (Isabel) School Children: Their Care and Nursing. 18mo, limp clo., pp. 122. Scientific Press. 1s.

Morton (E. Reginald) Essentials of Medical Electricity. 3rd ed. Revised, &c. By Elkin P. Cumberbatch. Cr. 8vo. Kimpton. Net 6s.

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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowen, Putney Hill, S.W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors; who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Mr. Wishart, New Zealand—Dr. Hills Cole, U.S.A.—Dr. Storar, Ramsgate.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med.Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

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Letters from the Front. By Stanley Franklin.

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THE

HOMŒOPATHIC WORLD.

JUNE 1, 1916.

HONOUR TO HOMŒOPATHY.

OUR readers will join in the heartiest congratulations which we offer to our colleague, Dr. Leon Brasol, of Petrograd, upon the honours which he has received, details of which will be found under a special heading below. We can safely say that no European homœopathist is better known or more endeared to British Homœopathy, for Dr. Brasol has always kept in the closest touch with this country, aiding our causes and those of international work over and over again, with a munificent generosity, by time and money spent for us and services whole-heartedly rendered. The ease and freedom with which he speaks and writes our language aid us to keep in touch with him and we feel sure that if these islands could have been canvassed for the name of a colleague to be honoured, Dr. Brasol's name would almost certainly have been returned as our choice. But, strong as is our personal joy in his distinction, we have an even deeper pride in the honour to Homœopathy.

Dr. Brasol is not one to hide his convictions or belittle his devotion to Hahnemann, and the Czar in honouring the man, has honoured the cause for which he fights, and the hospital whose head is distinguished in Dr. Brasol's person. This war of the nations has been grievously remarkable for many terrible things, but in

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one aspect, the physicians of Europe can at least hold up their heads with some pride, for epidemic disease has been held at bay in a manner which few would have dared to hope, who know what previous wars have been apt to mean. Homœopathy, an art and science of drug therapeutics, has therefore had a narrower field to work in than that for instance, in which Hahnemann treated typhus in 1813. But alas! the field has been big enough: and the Petrograd hospital has had ample material whereon to display its special qualities. That it has emerged triumphantly from the test is shown by the honours now conferred, honours which have been equally earned by other homœopathists, perhaps, but honours which are not readily paid to those outside the pale of orthodoxy. Russia honours Homœopathy openly and in so doing honours not our cause alone, but her own freedom from prejudice and all over the world followers of Hahnemann rejoice at the sign.

TREATMENT OF WOUNDS WITH HORSE SERUM.—Prof. Lignieres, at the Academy of Medicine, warmly advocated the use of horse serum as a dressing for wounds. He stated that fresh serum can easily be obtained in all large centres. One or more horses are kept from which every fifteen or twenty days blood amounting to ten or twelve litres, according to the size of the horse, may be obtained, the only precaution being to remove half the amount at one time, the half being drawn at an interval of twenty-four hours.

It is important to note that the second lot is always more active than the first. The serum may be used fresh, without heating, by means of compresses, renewed once or twice in twenty-four hours. If the serum has to be preserved, the author advises a certain quantity of carbolic aid to be added, but never more than half per cent. The carbolic acid should be added immediately after the serum has separated from the clot, and the preparation is then filtered on sterilised cotton-wool, or allowed to decant in a refrigerator.—*Medical Press.*

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NEWS AND NOTES.

Honour for Dr. Brasol.

Dr. Burford sends us the following communication recently received from our well-known colleague, Dr. Leon Brasol, of Petrograd :—

"The hospital of our two united Homœopathic Societies has from September, 1914, up to November, 1915, always had its forty beds occupied, and 300 sick or wounded soldiers have during that time passed through its wards. Our hospital has earned an excellent reputation with the Red Cross, and with the military authorities, and all the sick and wounded we received were sent us by the Petrograd military distributing hospital (an allopathic institution), which is a proof of the official acknowledgment of the rights of our Homœopathic Hospital.

Moreover, as Superintendent of the Homœopathic Hospital I have been honoured with the following letter from M. Polovtzoff, of the Russian Red Cross Society :—

"'Dear Dr. Brasol,

"'His Imperial Majesty, in view of the services rendered by you to the Red Cross Society in the present War, has been graciously pleased on the 14th day of November, 1915, to make you a Knight of the Order of St. Vladimir of the Fourth Degree. Congratulating you on this Imperial act of grace, I have the honour to inform Your Excellency that the Cross and Patent will be dispatched later.'"

A year earlier by an Imperial order to the Civil Service dated 6th December, 1914, "The chief physician of the Homœopathic Hospital, founded by the Petrograd Charitable Society of the adherents of Homœopathy in memory of the Emperor Alexander II., Leon Brasol, M.D. was promoted 'for distinguished service to the rank of actual State councillor,' (corresponding to that of Major-General in the Army).

"I mention this privately as an example of Government acknowledgment of the services of a homœopathic physician and a homœopathic hospital."

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London Homœopathic Hospital.

On Consultation Day, Friday, May 12th, 1916, the following cases were exhibited:—1. Somnambulism in a woman, age 20, by Dr. James Jones (Lewisham). 2. Vertigo in a man by Dr. Ross (Northampton). 3. Ataxia in a girl of 15 by Dr. Goldsbrough. 4. Polycythæmia in a man by Dr. John Weir.

Acute Syphilitic Polyarthritis.

According to Guszman (*Wien, med. Wchenschr.*, No. 4, 1915) the independent syphilitic joint affections are rare, although there is no doubt that they do occur, not only during several stages of the disease, but also of variable extent and intensity. There are cases of simple serous synovitis as well as gummatous thickenings and infiltrations of the membranes and capsule of the joint. The author describes three cases of acute syphilitic polyarthritis occurring in an early stage of syphilis. The most important symptom was the most strikingly rapid retrocession of the process after an energetic anti-syphilitic cure. The disease resembled exactly that of acute rheumatism; there was scarcely a single symptom which may be regarded as pathognomonic for the syphilitic disease. Only the pain appeared to be more severe, at times almost unbearable and independent of rest in bed. There was often tenderness of the bones, in addition to the joint symptoms. The other well-marked symptoms of syphilis ensured the correct diagnosis. For the treatment *Iodine* is especially to be recommended, as large doses very soon reduced the pain and caused a fall in the temperature.

Pellagra in Switzerland.

It has been generally accepted that pellagra is unknown in Switzerland and Germany, but Jadassohn (*Cor.-Bl. f. Schweiz. Aerzte*, Basel, Dec. 25, 1915, No. 52, pp. 1,633-1,664) has encountered four cases at Berne, in which three women and one man presented it, and Bloch has reported a case of pellagra at Basel

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in a strict vegetarian. The first symptoms in Jadassohn's cases had been the changes in the skin; diarrhœa and stomatitis followed, and later the nervous and mental disturbances. He does not attempt to decide how much of the psychosis was due to the pellagra, and how much to alcoholism; all four were addicted to liquor. One patient was the wife of a teacher and necropsy disclosed heart disease as the direct cause of death. The other patients recovered under dieting, astringents and opium for the diarrhœa and salves for the hands. The follicular hyperkeratosis in the face subsided spontaneously. The article is to be continued.

Stuttering and Speech Conflict.

In order to throw some light on the etiology of stuttering as met with in New York, Scripture and Glogau' (*Journ. of Nervous and Mental Diseases*, Lancaster, Pa., January, 1916, No. 1, pp. 1-104) went over the histories of 200 cases of stuttering. The analysis of their statistics makes them conclude that speech conflict is an etiological factor in stuttering. Among 171 male patients there were 33 whose stuttering was apparently brought about by speech conflict exclusively, while in four cases, negligent lisping in their own language had previously existed. Among the 29 female patients there was only one to whom this cause could be attributed. The most striking feature concerning these stutterers from speech conflict is the fact that their stuttering was acquired at the ages of five to seven years. Only in one instance was this later; the age was nine years and this was explained by the fact that the patient came from Russia at the age of seven, and was therefore only confronted with the problem of speech conflict at a later age than other children. Sixteen children started stuttering at the age of six; seventeen at the age of five, and four at the age of seven. It is interesting to see that the onset of stuttering, either psychic or organic, may be from the ages of one to fifteen, while the stuttering from speech conflict occurs only at the ages of five to seven.

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In thirty-eight cases, the etiological factor proved to be a conflict between the mother tongue at home and English to be learned in school. This speech conflict as an etiological factor in stuttering is almost exclusively met with in the Jewish child, and particularly in the male sex.

Pathological Effects of Atmospheres Rich in Oxygen.

The studies reported by Karsner (*Journ. of Experimental Med*, Baltimore, February, 1916, No. 2, pp. pp. 14-264) show that atmospheres containing 80 to 96 per cent. oxygen, under normal barometric pressure, produce in twenty-four hours, or more commonly forty-eight hours, congestion, œdema, epithelial degeneration and desquamation, fibrin formation, and finally a pneumonia, probably of irritative origin, and to be described as a fibrinous broncho-pneumonia. The important new points are the time relations of these changes and definition of the type of the pneumonia. Other studies have noted slight passive congestion, but it is now established by Karsner that this is to be accounted for in most cases by dilatation of the right side or of both sides of the heart. This congestion affects all the abdominal viscera and is accompanied by certain secondary changes, such as cloudy swelling of the parenchymatous organs and phagocytosis of erythrocytes by endothelial cells of the mesenteric lymph glands. Although deficiency of oxygen may affect the hæmotopoietic system, the animals subjected to high oxygen percentages failed to show any demonstrable pathological changes in blood, spleen, lymph glands, or bone marrow, except for the presence of congestion.

Mercurius Solubilis.—Pasty sweat without relief alternating with chilliness; greenish thick discharges from catarrh of whole mucous (respiratory) membranes from nose down; hoarseness with dry cough and soreness; thick yellowish coating upon flabby tongue; desire for cold drinks, which aggravate the cough.

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ORIGINAL COMMUNICATIONS.

CASES OF DIABETES.

REPORTED BY DR. MACFARLAN OF PHILADELPHIA.

Case of Wallace McGeorge, Camden, N.J., Letter, December 7th, 1915.

TRYING it out in a case who has been under old-school care for five years, with only negative results. He saw her first October 7th (two months ago to-day), at his office. She had a prolapsus, almost procidentia. At first he treated her with the indicated dynamized remedies. October 22nd she passed 3 quarts in 24 hours, with a quantity of sugar 7.95 oz. (almost ½ lb.). October 25th at the W.J.H.H. some of her blood was taken from a vein and then run up to the 28th in water, 29th and 30th in alcohol and she received some of the medicine the same day (30th). In one week the vulvar itching entirely ceased, but the urine increased to 3½ quarts. November 13th, drank a great deal of water and passed 4 quarts of urine. November 22nd, only passed 3 quarts of urine in 24 hours. Her urine to-day showed no improvement. s. g. 1036, had 12 per cent. of glucose. November 30th, worked hard and is tired but feels better. Does not drink so much water. December 7th, don't drink so much. Does not rise at all at night to urinate (used to get up 3 or 4 times at night). Feels much better. Says she feels real well. Skin is much clearer and whiter. Says she feels etter than she has felt at all, now nearly six years. Passed about 3 quarts of urine in 24 hours. Dr. McGeorge unfortunately does not state the last percentage, but there must have been undoubtedly great betterment—presumably the case is still under his care.

Letter of June 20th, 1915.

Mr. T., aged 62, came to me with a moderate diabetes, from which he suffered the past four or five years. His main symptoms were persistent insomnia and obstinate constipation, he having to take large quantities of carthartic, and glycerin enemas to move his

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bowels. An examination of his urine the s.g. at his first visit was found to be 1035, distinctly acid, with a percentage of 0.56 of sugar. I put him on the blood taken from another diabetic patient, a lady, in whom the percentage of sugar was 3.33. At the end of the second week the insomnia disappeared, and he felt better otherwise. The S.G. of the urine fell to 1,020 and the percentage of sugar was 0.42. The remedy was continued the constipation still persisting. At the end of the eighth week, the s.g. had fallen to 1018, and the percentage of sugar had gone down to 0.37 or 1.78 grains to the ounce. The patient then ceased coming, and I have not seen him since. In the meantime, all symptoms cleared up, he was feeling better in every way, except the constipation, which persisted. At his last visit he could eat moderately of the carbohydrates without in any way increasing his glycosuria.

W. D. GARVIN, M.D.

Cases of J. R. Mansfield, M.D., Germantown, Phila.

(1). My first case of diabetes mellitus—a man, 62 years of age, had been fat and hearty—weighed 202 lbs. suddenly began to lose flesh, frequent urination, 2045 s.g. On examining him, found about six grains to the ounce of sugar. Diacetic acid was present. Dr. M. gave him the 3x blood taken from the lobe of his ear. Dr. M. triturated 20 drops with 1 oz. of sugar of milk, and ran to the third decimal. Gave him five powders, five grains each, daily for three months. Examination, last month I noted a lessening of the sugar, thirst, urination, soreness of the prepuce, etc. In six months he was entirely free of any of the symptoms.

(2). A single woman, 53 years of age, complains of a terrific irritation of the labia majora, profuse urination and much thirst. She noticed that flies settled on the urine, if peradventure any of same was permitted to settle. Examination of same gave 5 per cent. of sugar. Treated her exactly as in my first case. In five months time all symptoms absent. Urinary s.g. dropped from 1047 to 1020. No irritation of the labia, no thirst, gained in weight.

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(3). J.D., a man of 45 years, complains of ulceration of the toes. On examination found maceration of the flesh between the toes, cold and clammy and painful. He had not lost more than five or six lbs., but had the frequency of urination, and thirst. I found on the urinalysis, sugar about 4 per cent. I treated him as the former two with cure in six weeks. No soreness of the toes, etc.

PROVING OF KALI PHOSPHORICUM.

By H. C. ALLEN, M.D.

Medical Advance.

(*Continued from* p. 222.)

THROAT.—Tonsils large and sore, especially the left; dry sensation in throat as if from husks of grain.

In morning both tonsils have distinct white solid deposits like diphtheritic membrane: traces of same on pillars of the facus (*Kali bi., Lac. can.*).

Severe shooting pain from left tonsil to inner ear, while dining in the forenoon.

Tonsils equally swollen, feel as though someone had clutched her by the throat (third day); left tonsil most swollen (fourth day); throat very dry; desire to swallow all the time (fifth day).

Severe pain in right tonsil aggravated by swallowing.

Hoarseness (no cough), a little thick, salty mucus raised from throat (larynx).

Slight feeling of soreness in throat, like a hot marble, near palate (*Phyt.*).

Tonsils enlarged with white deposit.

White deposit on left tonsil.

In the morning after arising, much mucous in throat causing nausea.

Severe pains in throat on swallowing, with sensation of small blisters.

Full sensation in throat relieved by belching gas.

Dryness in evening; sensation as if throat was swollen full.

Dry sensation on the right of larynx, as if a grain husk were there, in morning.

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Soreness in throat, and a lame feeling on right side, near larynx, in evening.

Salty mucus raised from throat.

A constriction in the left side of throat just above clavicle.

Soreness of fauces.

Burning soreness and dryness of throat.

Copious secretion of phlegm.

Pressure and pain on swallowing.

Hoarseness and loss of voice.

HUNGER AND THIRST.—Very thirsty; thirst not easily satisfied.

No appetite for dinner.

Felt hungry until he saw food which took away all appetite without creating nausea.

Very thirsty for ice-cold water, a quantity at a time (third day).

No appetite except for sweet things.

Desire for vinegar.

NAUSEA AND VOMITING.—After eating, choking effort to vomit.

Vomiting of sour phlegm, and nausea, with headache.

Nausea after eating, afterwards drowsiness.

Nausea from stomach to throat relieved by belching.

Vomiting of white froth with great nausea.

Belching, vomiting of sour and bitter food and of blood.

Nausea of several weeks standing.

Vomiting of blood with palpitation of the heart.

STOMACH.—Gaseous eructations worse after eating.

Qualmishness relieved by belching.

Appetite increased (second to fourth day).

Appetite lost (fifth day to end of proving, thirty days).

Empty gnawing sensation in stomach, relieved for a short time only after eating. Empty eructation, with stitches in right ear.

Sour liquid eructations after breakfast.

Gnawing, nauseated sensation in stomach, relieved for a short time only after eating dinner.

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Foul tasting eructations with nausea after dinner.
Gaseous eructations with nausea after breakfast.
Stomach sore as though it had been pounded.
Awakens at 5 a.m. with gnawing in the stomach.
Tenderness of stomach to touch.
Fulness of and burning in stomach.
Constant pain in epigastrium, at times very severe, in so small and well defined a spot that it could be covered by the end of the thumb.
Belching and eructations of undigested food; bitter and sour.

HYPOCHONDRIA.—Region of liver, sensitive to pressure.
Stinging and catching in the spleen, worse from motion.
Awoke with extreme soreness of back and sides, with constant desire to sneeze.
Seems as though sides would break (they were so sore) when sneezing.

ABDOMEN.—Colic pain in hypogastrium; with ineffectual urging to stool; after breakfast; at 12 M.
Severe flatulent colic, relieved by bending double (*Col., Pod.*).
Borborygmus, through the afternoon. Sensation of fermentation in evening. Soreness (from pressure of gas) in morning (*Lyc.*).
Sharp, cutting pain right side, lasting about five minutes.
Bearing down pains, want to sit doubled up; worse on left side near groin; worse after drinking water.
Constant rumbling in bowels (*Lyc., Sanic.*).
Flatulence; griping colic pains in small intestines, worse while eating.
Cutting pain in abdomen.
Pain and soreness extending across abdomen to right side; attended with rigors and spasms of all the muscles of the body.

STOOL AND ANUS.—Clay coloured, watery stool, with imperative call, with much putrid flatus, followed by tenesmus, after breakfast (*Pod.*).

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Uneasy urging as though diarrhœa would come on; much flatus is passed with a feeling of insecurity, yet no stool in the evening.

Light coloured, pasty, offensive, unsatisfactory stools after breakfast and dinner.

Colic pains in hypogastrium, relieved by passing flatus, with ineffectual urging to stool.

Imperative call to stool, as if diarhœa was coming on, but the stool was pasty and unsatisfactory.

Uneasy, ineffectual urging to stool in the evening, with colic pains in the hypogastrium.

Noisy flatus; offensive flatus.

Profuse, painless, offensive stool before 6 a.m.; imperative.

Stool offensive, undigestive, loose, dark coloured; followed by uneasy urging, as though not all was expelled; after breakfast; after breakfast and supper; after dinner; after breakfast and dinner.

Diarrhœa while eating; sudden, imperative (*Ferr.*).

Urging to stool after breakfast, but circumstances preventing the yielding to it, colic pains in the colon resulted.

In the evening a hard stool was forced, followed by urging.

Hard, dark coloured stool, with urging after breakfast, after dinner; after breakfast and dinner.

Constipation; no stool.

Large, hard stool after breakfast.

Light coloured, pasty stool, followed by unsatisfied urging, after every meal (*Nux.*).

Aching in the shoulders and anus, relieved by motion, in the evening (sixth day.)

Griping pains in bowels, one natural movement, then three movements within two hours, of a very dark brown colour.

Much pain before each movement; rectum burns and feels sore after each movement.

When the mind is employed these bowel symptoms cease (first day). No movement for several days after.

Bowels constipated; stool dark brown, streaked with yellowish green mucus.

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Frequent desire for stool, passing a small quantity covered with mucus.

Soft stool, with pain in abdomen.

Burning in forehead, with movement of bowels; afterwards a slight chill from below up the back.

Hæmorrhoids protuding, with burning pain.

Hæmorrhoids, sore, painful itching (*Sulph.*, *Aloe*)

Constipation; no desire for stool; inactivity of rectum.

After four or five days small passage of hard, dry, crumbling stool, after great straining; stool came in lumps.

For the paretic conditions of the rectum and colon which follow operations for removal of hæmorrhoids.

URINE.—Urine quite yellow; reddish, sandy sediment.

Urine red: saffron yellow.

Scanty, sluggish stream; a few drops are retained and moisten the linen; dribbling of urine.

After micturition, burning, smarting in urethra.

Urine very dark and profuse.

Frequent urination, with sluggish flow, especially during night.

Urine scanty and very dark.

Cutting pain in bladder and urethra.

General sensation of stitching in the bladder and urethra.

MALE SEXUAL ORGANS.—Sexual desire increased; priapism in the morning (fourth day).

Intense sexual desire, with strong erections and disposition to urinate frequently in mornings, followed by impotence and painful seminal emissions at night.

Sexual instinct depressed (fifth day and through the proving, much of the time entirely dormant, even to complete impotency from eighteenth to twenty-fifth day.)

Utter prostration and weak vision after coitus (*Kali-c.*).

Nightly emissions without erections.

FEMALE SEXUAL ORGANS.—Intense sexual desire for four or five days after cessation of menstrual flow,

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for two consecutive periods, in a married woman who had borne children, and was an entirely new experience.

Sense of fatigue before the menses.

Menses five days early, scanty, with digging pain in left lower jaw.

Menses too early, lasting from seven to nine days.

Pain in the left side and in the ovaries.

Intense pain across the sacrum.

Leucorrhœa, yellow, greenish, blistering, menses short.

Swelling and suppuration of breasts during nursing.

An ovarian abscess of eight years' standing, discharging from time to time a copious orange-coloured fluid through vagina and rectum.

Pain and soreness extending across the abdomen to right side, attended with rigors, spasms of all the muscles of the body and entire sleeplessness.

Menses irregular, scanty, dark, almost black, and the first day thick.

Dull headache during menses, as though it would burst; backache, pain in left leg and groin; very tired and sleepy; stomach deranged and heartburn at night.

Stomach sensitive; legs ache as if to about to become unwell.

Stitching pains through pelvis and in womb.

Menstrual period two days too soon, otherwise normal. Menses delayed seventeen days with profuse, bright red flow gushing out with every movement, with chill of whole body lasting an hour; no pain. Next day flow less profuse but severe pain in region of uterus and ovaries; resemble after pains. Hard ache coming on every fifteen minutes and lasting one or two minutes.

Pain aggravated by motion; continued six days, no clots; flow lighter and offensive towards last. Flow continued ten days, gradually decreasing in quantity and colour.

Subsequent period ten days late, flow profuse first day, normal next day, when it stopped.

Menstrual periods have hitherto been regular, normal, and with few exceptions so nearly on time that they would appear every fourth Friday, 5 p.m.

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During menses: Sharp, bearing-down pain; sensation of being bloated to bursting; restlessness relieved by moving and lying on abdomen; sharp pain through left ovary relieved by lying back; pain in left ovary relieved by bending double.

PREGNANCY:—Bloody discharge during pregnancy.

Feeling as of a heavy weight on pelvis pressing down and backwards. Night pains during pregnancy.

COUGH.—Cough from irritation in trachea, just below larynx, with scanty, thick, yellowish white expectoration.

Cough, without expectoration, from irritation in trachea. Awakened at 2 and 2.30 a.m. coughing; the cough hurts the trachea and bronchi.

Hoarseness with cough from irritation in trachea, which feels sore and is hurt by the cough. A little thick, white mucus is expectorated.

Sudden, unexpected coughing spell preceded by a pressure in throat.

Dry coughing and scratching pressing sensation on both sides of throat, after dinner.

Night coughing from tickling in the throat.

Rattling or whistling cough; green expectoration or like soap suds.

Sputa tasting salt, fetid or sweet.

Thick yellow sputa in phthisis.

CHEST.—Intensely sharp, cuting, transitory pains on right side, under breast, and also near waist line, catching the breath.

Chest painful, stinging in the chest and sides.

Chest very sore to touch.

Aching pain in left pectoral region, extending through to shoulder blades; worse from motion and from pressure; prover called it a "cold pain."

HEART.—Dull, throbbing pain in left side; seems to stop heart beating.

Slight pain at heart.

Vomiting of blood, with palpitation of the heart.

Palpitation of heart, from slightest mental emotion, or from walking upstairs (*Calcarea Arsen.*)

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BACK AND NECK.—Stitches; severe in the middle of back, toward the front of chest, with dyspnœa; better leaning against something; worse lying on back and sitting or walking.

Pain in back and extremities with white deposit on tonsils).

Lymphatic glands on back of neck swollen (fifth day).

Drawing pain through knees and lumbar region (third day); worse by lying on back, in the morning (sixth day); weak, tired sensation, with pain in the legs and back, aggravated by gentle motion (eleventh to eighteenth day).

Awoke with pains in occiput and lumbar region, relieved by lying on back; passed off after arising (nineteenth to twenty-first day).

Stiffness of neck from swelling of the glands.

Creeping sensation and intense pain along the spine, relieving the headache at intervals.

Back lame, as from a fall.

Back sore from the shoulders down.

Neck lame and tender to touch.

Aching across the loins relieved by walking.

On second day after taking the drug awoke with extreme soreness of back and sides.

"Seems as though my sides would break (they are so sore) when sneezing, which I have a constant desire to do."

Aching between the scapulæ.

UPPER EXTREMITIES.—The finger tips of both hands as if asleep.

Aching in the shoulders and arms relieved by motion, in the evening (sixth day).

Itching inside the hands, where the skin is thickest (fifth to ninth day).

Severe pain in both shoulder blades; only felt when awakening in the morning; had to sit up in bed in order to turn over.

Pain left right shoulder blade and settled in the left (after second day) leaving me at 10 a.m. somewhat sore.

Rheumatic pains in the right hand more across back of hand and middle fingers worse from touching anything.

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Soreness and swelling of the axillary and parotid glands.

Pain around the shoulder joints, worse at night.

Pains in arms from raising them.

Numbness in right arm and hand; itching and pimples.

No feeling in finger ends, or in hand. Twitching of muscles of arms and fingers.

LOWER EXTREMITIES.—Left little toe red and swollen with a flat corn on top, itching and smarting when the weather changes.

Drawing pain through knees and lumbar regions (third day).

Weak, tired sensation, with pain in legs and back, relieved by gentle motion (eleventh to eighteenth day).

Itching in the bottom of the feet where the skin is thickest (fifth to ninth day).

Drawing pain from knees to the feet (fifth day).

Drawing aching from the soles of the feet to the knees (seventeenth day).

Severe pain in right groin (throbbing regularly) lasting five or six minutes at a time.

Right foot feels as though it had been frost bitten and swollen.

The first four or five steps after sitting are painful.

Pain in great toe of right foot and across the instep; no relief from taking off the shoe.

Pain in left groin.

Awaken at 5 a.m. with rheumatic pains in the right leg and both arms.

Itching of legs at night in bed, with numbness and weakness.

Thighs lame; pain in thigh bones.

Swelling of legs, with sensation as if they were going to sleep.

Cold feet; cold perspiration of feet.

Swelling of feet, cracking of heels.

Burning of the toes and soles of feet.

Stinging in soles of feet.

Corns painful, mading it difficult to walk.

Blue and red spots on calves of legs, with tendency to ulcerate.

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Cramps in knee joints and toes.

Sharp darting pain in left knee from above downwards.

After an hour's sleep awakened, with a feeling of paralysis in left great toe.

Nervous, restless; a fidgetty feeling in the feet; trembling sensation in the muscles of the legs, especially the gastrocnemii (*Zinc.*).

EXTREMITIES IN GENERAL.—Drawing pains in back and extremities, especially from soles of the feet to the knees, and from the shoulders to the hands relieved by warmth, also temperarily by moving the parts.

Constant pain in back of extremities; relieved by motion (eighteenth to twentieth day).

Awakens at 5 a.m. with rheumatic pains in right leg and both arms; passes away at 10 a.m.

AGGRAVATIONS.—After eating; after rising in morning; lying on painful part; sitting and walking.

< of pain and itching from 3 to 5 a.m.

< of stomach and bowel troubles after eating.

< of neuralgic pains from exposure to cold.

< from continued motion.

< of lumbar pains from lying on back.

< of giddiness in open air (Rev. of *Puls.*).

< of giddiness facing the sun.

< of pain in left eye in sunlight.

< of bearing down pains after drinking water.

< of many symptoms in early morning.

< of stinging pains in ears by lying down.

< of pains in maxillæ after eating.

PAIN in epigastrium; < after eating; < while lying down.

AMELIORATIONS.—After lying down; leaning against something; sitting up.

From belching gas.

> of pain from warmth.

> of pain from motion if slight and of short continuance.

> of occipital headache from eating.

> of hot, restless, nervous, startled condition after daylight.

> of dull headache across eyes when out of doors.

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NERVOUS SYSTEM.—Nervous, hot, restless, easily startled.

Feels cold, and heart beats at any unusual sound.

Scan dark corners, expecting to see burglars.

Trembling of hands from nervousness.

Cannot keep still; moving around all day, but becomes quiet in evening before bedtime.

Very restless, turning from side to side all night.

Symptoms of nervous exhaustion during convaleescence from acute diseases (*Psor.*).

Neurasthenia, especially from sexual excesses, characterised by severe spinal irritation.

SLEEP AND DREAMS.—Awoke very early in the morning, exceedingly nervous, hot and restless (no perspiration) expecting to see burglar enter door.

Mumbling and grinding teeth during sleep.

Sleeping and yawning before 7 p.m.

Sleepy after violent exercise in the open air.

Sleepy early in the evening, about 7 p.m.; seemed impossible to keep the eyes open; passed away after lying down a few minutes.

Weary; could sleep day and night.

Very hard to awake; eyes hurt, they feel so sleepy; yawn a great deal.

She talks in her sleep.

Sleepy during the day, sleepless during the night; fearful dreams; prostrated and drowsy in the morning.

Scarcely able to walk for drowsiness.

Pains frequently change location and keep him awake from 2 to 4 a.m. (seventeenth day); from 3 to 4 a.m. (eighteenth day); less severe toward morning (nineteenth day).

Dreamed he was in a public assembly partially clothed, and endeavouring, unsuccessfully, to find a secluded place in which to complete his toilet (third day).

A vivid dream that the house in which his family were living was carried away by a flood; was awakened by the crash when it was wrecked (fourth day).

A tendency developed to sleep upon the back; a position which was very uncomfortable before the

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proving was begun (nineteenth day, and through the proving).

Sleepnessness between 12 and 4 a.m.

No desire to rise in the morning; drowsiness during the day, disappearing in the evening.

Lascivious dreams, with emission of semen; awakes angry and cross.

Sleepless in latter part of night, cured during the proving.

Restless, tossing all night.

Unrefreshing sleep, disturbing dreams every night.

The moment she closed her eyes every muscle in her body began to move.

The instant she fell into a dose she was aroused by violent spasms in region of left ovary.

Violent shaking all over the moment she shut her eyes.

Insomnia; occurring during the course of chronic diseases with emaciation more or less marked; with evidences of nerve waste of the sympathetic system.

Night terrors in children; awakening from sound sleep screaming with fright; somnambulism (*Kali br.*).

Sleeplessness; from excessive mental exertion; after worry over business troubles; from nervous exhaustion.

Wakefulness without pain.

FEVER.—Evening temperature 102. Pain in forehead.

Chills ran up the spine in the evening, continued after retiring, could scarcely get warm in bed (fifteenth day).

Temperature 101 2-5; pulse 96 at 10 a.m.

Temperature 101, pulse 88, at 10 p.m. (nineteenth day).

Morning temperature 100; evening 99 (twentieth day).

Chills; cold all day; heat during the night, with strong inclination to eat.

Dry lips and tongue, quick pulse, night sweats and thirst.

Return of offensive axillary sweat (that had been cured months before with *Lachesis*).

Axillary sweat of the odour of onions (*Bov.*).

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SENSATIONS.—Very tired all day.

Muscular prostrations; feel scarcely able to get about.

The muscles feel sore if moved, yet exercise seems to overcome it.

Feels weaker than he is in reality (nineteenth day)

Anæmia of rapidly growing youth (*Cal. ph.*).

Atrophy; wasting diseases with offensive discharges (*Iod. Tub.*).

Hæmorrhages; blood dark; putrid, non-coagulating (*Crotal.*).

Exudations and discharges from mucous membranes are ichorous, sanious, acrid, and very offensive, tending to gangrenous degeneration; suppurations with acrid, offensive pus (*Pyrogen*).

TISSUES.—Losing flesh all the time. One prover lost ten pounds during the proving.

SKIN.—Severe itching of skin of whole body, worse on chest and under arms.

Itching here and there in spots most severe on top of left foot in the evening (fourth day).

Itching all over in the night, most severe on the scalp and under the beard, also on inside of hands and feet where skin is thickest; relieved temporarily by scratching (fifth day); more intense, kept him awake from 3 to 5 a.m. (sixth day).

General itching (fifth day) continuing through the proving; worse from sixteenth to twentieth days).

Skin dry, little or no perspiration.

Pimples, small boils and itching.

Itching all over lower limbs in bed during the night with numbness and weakness of the legs.

Pricking in skin of abdomen like as from a pin. Had frequently to examine clothing in search of pin.

Persons who suffer from suppressed sexual instinct (*Con.*) or exercise sexual indulgence (*Phos.*).

The discharges or excretions—stools, perspiration, urine—have a carrion-like odour.

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A CASE OF STATUS LYMPHATICUS.

By Dr. H. Barlee.

The following case appearing to me to be out of the ordinary; I thought the readers of the "World" might be interested in it.

I was lately sent for to see a little girl of three-and-a-half years of age, who had been ill since the previous night. She seemed to have a simple attack of croup, and the mother said that she was subject to the same attacks for some time past. I prescribed *Spongia* and promised to look in during the afternoon. The mother, though just recovered from influenza, was able to attend to the child. At four o'clock, in the afternoon, the little patient's temperature was 104.5° F., and though the respirations were not very rapid, there was marked "tirage," but no cyanosis whatever. There was a croupy, thick cough, and a croupy wheeze during respiration, but the throat, as far as one could see with a tongue depressor, looked perfectly healthy. They sent for me again at eight p.m., when added to the other symptoms, I found a good deal of restlessness with swinging of the arms, and attempts to sit up in order to breathe better. There was still no sign of cyanosis, indeed all through the child was of a deep rosy pink colour. Being rather anxious about her, I telephoned to the medical officer of health, who kindly admitted her to the Sanatorium at ten p.m., While in her own home she had been in a steam atmosphere, and had had hot compresses over the throat most of the time.

The following morning, I learnt that on her arrival at the Sanatorium she had been a little restless, but had soon gone to sleep. At a quarter to one the Matron had counted her respirations and had found twenty-eight to the minute; though asleep, she was still restless, and at one o'clock, when a nurse went to look at her, she was dead.

The M.O.H., thinking the case very mysterious, asked for a post mortem examination; permission being given, he opened the body next day. The larynx was perfectly free of false membrane, and a swab having been taken, immediately after death, gave

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negative results as to Klebs-Loeffler and Streptococcus. The only abnormality was a very large thymus gland, which appeared to have been the seat of previous inflammation, for there were many adhesions extending to the pericardium and large vessels. I was not present at the post-mortem examination.

According to Escherich, the Status Lymphaticus is generally found in "well nourished small, pale, somewhat puffed up looking children. Their superficial glands, spleen, and glands of their necks are enlarged. Dullness on percussion over the thymus is often made out. Rachitis and scrofulosis are often present. A large contingent suffer from prurigo, chronic eczemas and spasm of the larynx." He claims that this condition is a consequence of the disturbance of the function of the thymus.

Now this little girl was an uncommonly fine child, looking far more like five years old than three-and-a-half. She was very intelligent, and would not give one the impression of being unhealthy. She had had, however, several attacks of spasmodic asthma.

I suppose that she had caught influenza from her mother, and the high temperature acting as the exciting cause, brought about the fatal issue by some means at present unknown to us.

MEDICAL SCIENCE IN SHAKESPEARE'S TIME.*

By A. H. Millar, LL.D., F.R.S.A.
Chief Librarian, Dundee.

Nearly a quarter of a century ago—in 1892—there appeared in the columns of the *Medical Press and Circular* a very remarkable paper by John Knott, entitled "The Medical Knowledge of Shakespeare." Four years before that date (1888) Dr. Knott had contributed to the *Lancet* a leading article upon the same subject, and at that time so little was known as to the labours of other workers in the same field, that these papers were regarded as a new revelation. Nothing

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could be further from the purpose of the writer, for he knew that many years before his time the subject had received attention from English, American, French, and German writers. But these articles had the effect of directing attention towards a most fascinating subject, which had been suffering from temporary eclipse, but is now attracting much attention alike in the world of medicine and of literature. It would a very pleasant task indeed to the present writer to quote numerous passages from Shakespeare's works, indicating the poet's knowledge of past medicine and premonitions of modern medical ideas; but that would require a very extensive volume. It may better serve a good purpose to indicate, however briefly, a field of research that will be attractive alike to students of literature and of medicine.

The first English writer who dealt, even in a superficial fashion, with the subject, was George Farrar, who published in 1826 a somewhat formal volume under the title:—"Observations on . . . Rates or Laws of Mortality . . . Illustrations of the progress of Mania, Melancholia, Craziness and Demonomania, as displayed in Shakespeare's characters of Lear, Hamlet, Ophelia, and Edgar, etc." The very clumsiness of the title indicates the ponderosity of the work; yet it served to direct attention to an aspect of the work of "myriad-minded Shakespeare," which had theretofore been neglected. It is very likely that this work came under the notice of the late Sir John Charles Bucknill (1817-1897) when he became Medical Superintendent of Devon County Asylum in 1841, and thus induced him to follow the studies which resulted in his notable volume *The Psychology of Shakespeare* (1859), and his book, *The Medical Knowledge of Shakespeare*, issued in the following year. These works may be taken as the beginning of a scientific study of Shakespeare's medical knowledge, and they have produced a prolific crop of imitators and original investigators.

The Germans, ever devoted admirers of Shakespeare, were the first to follow up the idea. In 1865, Mr. G. Cless published at Stuttgart, a volume intitled *Medicinische Blumenlese aus Shakespeare*; which produced

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a volume upon a kindred topic in the same year, by Dr. C. W. Stearns, of New York, under the title of *Shakespeare's Medical Knowledge.* The most prolific American student of Shakespeare in the department of Medicine was Dr. A. O. Kellogg, of New York, who published his volume on *Shakespeare's Delineations of Insanity, Imbecility, and Suicide,* in 1866; and contributed several remarkable articles on cognate subjects to the *American Journal of Insanity* between 1860 and 1872. The German writers who succeeded Cless were as follows:—H. R. Aubert, *Shakespeare als Mediciner,* Rostock, 1873; Sigismund, *Die Medizinishe Kenntniss Shakespeares,* Weimar, 1881-82; and Hirschfeld, *Kõnig Lear,* Danzig, 1882.

France has contributed several important works on this subject. The earliest of these were the elaborate articles by A. J. F. Brierre de Boismont, entitled "Etudes psychologiques; Shakespeare, ses connaissances en alineation mentale," published in the *Annales Medico-psychologiques* of Paris, in 1868-69. To the *Revue de Deux Mondes,* for 1876, E. Onimus contributed a notable paper on "La Psychologie Médicale dans les Dramas de Shakespeare." Other French writers on the subject are A. Foville, *Les Medecins dans les Drames de Shakespeare,* Paris, 1885; and Biante, *Etude medico-psychologique sur Shakespeare et ses œuvres,* Toulouse, 1889.

Besides the American writers already mentioned the following are especially worthy of notice:—H. R. Bigelow, "Hamlet's Insanity," *Chicago Med. Journal,* 1873; J. Rorke, "Medical Quotations of Shakespeare," *West. Lancet,* San Francisco, 1879-80; J. P. Chesney, *Shakespeare as a Physician,* St. Louis, 1884; B. R. Field, *Medical Thoughts of Shakespeare,* Easton, Pa., 1884; T. J. Turner, *The Signs of Approaching Death illustrated from Shakespeare,* Philadelphia, 1884; R. N. Hawley, "The Medical Lore of Shakespeare," *Med. Age.* Detroit, 1892; and O. W. Owen, "The Medicine in Shakespeare," *Physician and Surgeon,* Detroit, 1893. These names are sufficient to show that the subject has received adequate attention in the great centres of the world's civilisation.

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To this country, however, naturally belongs the honour of having directed attention to this most fascinating topic, interesting alike from a literary and a medical point of view. Hamlet has always been a favourite study with psychologists, and numerous volumes and articles have been written upon this topic, the most notable being "Hamlet, from a Psychological Point of View," by W. B. Wood (London, 1870), and several contributions by Dr. Brinsley Nicholson to the Transactions of the New Shakespeare Society, from 1879 till 1882, the work of a profound student of Shakespeare. Other writers who have written articles (chiefly to the *Journal of Psychological Medicine* and the *Lancet*) are R. H. Semple; F. L. S. Winslow; J. F. West; W. Wadd; L. K. H. Hackman; Sir B. W. Richardson; and John Moyes. The last-named, Dr. John Moyes (Glasgow Univ. 1886), chose as the thesis for his degree, "Medicine and its kindred Arts in the Plays of Shakespeare"; and afterwards elaborated the subject to form a most interesting volume, which was published posthumously in 1896 at Glasgow.

Hitherto the bibliography of the subject only has been mentioned, yet that is sufficient to show that an extensive literature is now available; and these notes may be useful for future investigators. Rightly to apprehend Shakespeare's relation to the medical science of his time, it is needful to consider the pathological theories that were prevalent in this country during the poet's life-time. It was a transition period. Galen, Hippocrates, and Paracelsus had still numerous and combative followers, though their dates were widely separated. This can be proved from Shakespeare's own writings: ("All's Well that ends Well," II. 3; "Merry Wives of Windsor," II. 3; III. 1; "II. Henry IV.," I. 2; "Coriolanus" II. 1). Dr. Moyes describes the time in the following striking passage:—

"Vesalius, the great anatomist, died about a year before Shakespeare's birth; Harvey announced his discovery about ten years after Shakespeare's death. In that interval great advances were made in all

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branches of knowledge associated with medicine. In anatomy and physiology a few names will suffice to mark the period. Fallopius was but recently dead; Eustachius still lived; Fabricius, who discovered the valves of the veins, was teaching in Padua; Serventus entombed in a theological work a description of the pulmonary circulation; Columbus of Rome explained the relation of the pulse to the systole and diastole of the heart; and Cæsalpini stood on the brink of anticipating Harvey's discovery."

While there was all this movement in the medical world of Europe, England was plunged in the depths of empiricism. By an Act of Parliament, date 1542, liberty was given to the following persons to practise medicine and surgery:—"Every person being the King's subject, having knowledge and experience of the nature of herbs, roots, and waters, or of the operation of the same, by speculation or practice, within any part of the realm of England." Shakespeare frequently ridicules this absurdity, witness his description of the Apothecary in "Romeo and Juliet" (V. 1) and of the doctor in the "Comedy of Errors" (V. 1). Dr. Caius (1510-1573) thus describes the practitioners of his day:—"Simple women, carpenters, pewterers, braziers, soap-ball sellers, apothecaries, avaunters themselves to come from Pole, Constantinople, etc." Still more severe was Dr. Cotta, in his "Short Discovery of the unobserved dangers of ignorant and inconsiderate Practisers of Physicke in England," published in 1612. Here is one passage:—"It is a world to see what swarms abound in this kind, not only of tailors, shoemakers, weavers, mid-wives, cooks, and priests, but witches, conjurors, jugglers, and fortune-tellers." Verily, the practice of medicine was in a parlous condition in Shakespeare's time, as described by himself and his contemporaries.

It would be impossible in limited space to give quotations from the dramas to how how thoroughly Shakespeare was acquainted with the current theories as to diagnosis and treatment in his time; but it will be both instructive and startling for any medical student to examine Shakespeare's work to discover

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his knowledge of recondite subjects. But as examples of his use of the theory of Hippocrates that the liver was the great organ of blood-making and the generation of heat, take these :—

"Twelfth Night," III. 2.
Sir Toby Belch : . . For Andrew, if he were opened, and you find so much blood in his liver as will clog the foot of a flea, I'll eat the rest of the anatomy.
"Merchant of Venice," III. 2.
Bassanio : . . . How many cowards, whose hearts are all as false.
As stairs of sand, wear yet upon their chins
The beards of Hercules, and frowning Mars
Who, inward searched, have livers white as milk.

The term "lily-livered," appears in "Macbeth" V. 3 and "King Lear" II. 2, and the idea is frequently used: "II. Henry IV.," "Troilus and Cressida," "Antony and Cleopatra," "The Merchant of Venice," and the "Tempest."

The diseases which are, in a passing fashion, referred to by Shakespeare, are these :—Ague, Fever, Leprosy, Measles, Plague and Pestilence, Rheumatism, and the Sweat. Less frequent mention is made of Apoplexy, Boneache, Colic, Consumption, Convulsions, Cramp, Dropsy, Ecstasy, Epilepsy, Gout, Green Sickness, Heartburn, Hemiplegia, Hydrophobia, Itch, Jaundice, Palsy, Sciatica, Sea-sickness, Somnambulism, Tetter, and Visual Spectra. Passages bearing upon all these diseases could be quoted; and the remarkable fact is that Shakespeare handles them all as though he were familiar with every vagary of the sick bed. Then again, his knowledge of therapeutics is almost weird and supra-normal, foreshadowing methods of treatment which have only recently been discovered. No doubt, many of his prognostications were so vague that they could not be founded upon either carefully studied theory or practice, yet they are not the less astounding.

The student who intelligently follows out the course of Shakespearean study here outlined, will be compelled to conclude that Shakespeare was one of the cleverest physicians, most accomplished surgeons, and most learned among the toxicologists of his time, if internal evidence be of any value. But then Shakespeare has

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been, similarly proved to be a lawyer, a theologian, a profound philosopher, a Court gallant, and an humble sailor-man! Verily, there was a whole encyclopædia of wit and wisdom contained in that colossal brain, that sympathetic heart, and that marvellous intellect which were combined to make up that wonder of all time, whom we call Shakespeare.

PARTIAL PROVINGS OF APIUM GRAVEOLENS.

By Byron G. Clark, M.D.
(*Journal of the A. I. H.*).

Apium graveolens (celery) is made from the seeds and also from the sticks.

A proving was made under the direction of the late Dr. W. P. Wesselhoeft and reported to the International Hahnemannian Association, appearing in the *Medical Advance* of April, 1886. In the *Dictionary of Materia Medica*, by Dr. John H. Clarke, is recorded about all there was known of the virtues of this drug at that time.

A patient of mine, Miss R., age about thirty, after eating celery about eight years ago, was taken with severe pains (about three hours later) in the lower abdomen, accompanied with nausea and vomiting, with premature menstruation, which was profuse. She abstained from eating celery until December, 1911, when she was attending a dinner, during which she partook of some chicken salad in which was a considerable amount of celery. Three hours later she was taken with pain in lower abdomen, both sides; menses came on (two weeks early), flow profuse and clotted. Pains in uterus and soreness lasted for a week. During this attack her face was red and hot, eruptions around her body in welts; a part of the body had a finer eruption with itching and stinging; was chilly and wanted to be covered more than usual. These symptoms lasted a week.

After the above account was given me, I thought it would be interesting to have some women make a partial proving, and asked some of the students of the New York College and Hospital for Women to take the

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provings

drug and report the symptoms. A systematic proving was not attempted, and we did not have examinations of the provers made before or during. Several of the young ladies took the drug, but only three reports were of interest, as the others did not continue to take the drug regularly.

SYMPTOMS OF APIUM GRAVEOLENS ARRANGED IN SCHEMA-FORM AS BROUGHT OUT IN THIS PROVING.

MIND.—Cannot keep from thinking; energetic; wants to work mentally and physically. Depressed; thinks she has said something to offend her friends; feels that people tolerate her merely to be polite.

HEAD.—Frontal headache; > while eating.

EYES.—Aching in eyes; redness of conjunctiva with itching and smarting in inner canthus of left eye.

NOSE.—Coryza; sneezing; watery discharge not excoriating. Sneezing on waking,; sudden stoppage of nose.

MOUTH AND THROAT.—Pharynx and soft palate sore, with much sticky mucus, necessitating frequent swallowing.

STOMACH.—Eructations. Desire for fruit, especially apples. Hunger > by eating.

ABDOMEN.—Pain sharp, sticking; soreness of whole abdomen. Pain as if stool was coming on.

STOOL.—Three to five stools a day; diarrhœa; sharp pains in left iliac region going over to right. Nausea increases with the pains; > by lying down and flexing thighs. Quite thirsty.

URINARY ORGANS.—Urea increased.

FEMALE SEXUAL ORGANS.—Sharp sticking pains in both ovarian regions; > by bending over. Could not walk; weak feeling with nausea. Pain; > by lying on left side with legs flexed; < by motion; < by deep breathing. Cutting pains in ovaries running backwards; > by pressure and lying down. These pains last but a few seconds at a time, accompanied with nausea and faintness, < in afternoon. Menses delayed, crampy pains; > by cold applications and flexing legs on abdomen; cutting pains in both breasts; tenderness of nipples.

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RESPIRATORY ORGANS AND HEART.—Feeling of tightness over heart.

MUSCLES OF NECK AND BACK.—Aching; stiffness; hurts to turn head.

SKIN.—Eruptions in welts over body; fine elevated pimples, with itching; > by scratching.

SLEEP.—Wakes from one to three a.m. hungry for apples. Eating does not help sleep; mind active and contented; buoyant; is not fatigued by loss of sleep.

The symptoms that were marked in all the provers were: first, smarting in inner canthus of left eye, with some redness; second, pain in abdomen in all the women provers, mostly in uterus and ovaries; more in left side; sharp, crampy; > by lying down and flexing legs. The pains usually present during menstruation were relieved while taking the third and thirtieth potencies, but the tincture did not relieve them. One woman had her normal pains during the time she was taking the tincture. All of the women were awakened after one to three a.m., hungry, craving fruit and especially apples; eating relieved the hunger but did not help them to go to sleep again. This wakefulness was accompanied with buoyancy of mind and even physical ability to work hard; and the sleeplessness did not cause fatigue the next day.

I believe this remedy should be carefully proven, and will be indicated in dysmenorrhea with sharp, short pains, > by flexing legs, accompanied with headache and sleeplessness and nausea.

ARUM TRIPHYLLUM—INDIAN TURNIP.

C. F. JUNKERMANN, M.D.

(*The Medical Advance*)

History and habitat: The Indian turnip grows plentifully about boggy spots in deep, rich woods. It is indigenous to most portions of the United States and Canada, flowering in May and fruiting in September.

The corms, when fresh especially, and all parts of the plant have a severely acrid juice, imparting an almost caustic sensation to the mucous membranes and

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causing swelling of the parts when chewed. This action upon the mouths of schoolboys, who often play the trick of inviting bites of the corm upon each other, gave rise to the common name of "memory root," as they never forget its effect. This acridity, however, is dissipated by heat or drying. The roots then become very nutritious and palatable, the fecula of the corm forming an excellent "arrow root."

The yield of nutrient matter is said to be about one-fourth of the whole substance of the corm.

This point is fully appreciated by the Indians of this country who consider the roots a delicacy, either roasted or boiled.

It is claimed that when roasted they become a very enjoyable repast, pleasing to an empty stomach.

Slices of the fresh root frequently laid upon the skin are said to cause vesication.

Arum triphyllum is not officially recognised in either the "U. S. Ph." or *Eclectic Materia Medica.*

Part used and preparation: The fresh root, gathered before the expansion of the leaves, should be carefully bruised in a covered mortar and weighed. Then two parts by weight of alcohol are taken, the pulp mixed with one-sixth part of it, and the rest of the alcohol added. After stirring the whole well it should be placed in a well-stoppered bottle and allowed to stand at least eight days in a dark, cool place. The tincture, separated by straining and filtering, should have a pale brownish-yellow colour by transmitted light, a slightly sweetish taste, entirely devoid of acrimony, and a neutral reaction to test-paper.

In order to preserve the acrimony of the root, Dr. E. M. Hale recommends rapid trituration in ten parts by weight of coarse sugar-of-milk, and keeping the preparation in hermetically sealed jars, protected against heat and light. The provings were made with dilutions.

Chemical constituents: The acrid principle of this plant, as before intimated, is rapidly dispersed by heat. Dr. Bigelow states that this body escapes as an inflammable gas, slightly explosive when mixed with air. The extreme volatility of this body has precluded the

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determination of its chemical characteristics. No other active body has been determined, though some principles, other than the acrid body, seem to reside in the corms. Starch, gum and sugar have been isolated.

Physiological action: From personal observations and literature upon this plant, its action, when fresh, seems to be quite similar to that of strong liquid ammonia, causing an irritation and burning of mucous membranes and acceleration of secretions. The provings have developed a train of symptoms very characteristic, and invaluable when selecting a remedy in accordance with the homœopathic method of prescribing.

This is a very unique remedy. There are few, if any, others that stand so far apart from any and all others, and have the peculiar and characteristic symptoms that are capable of such remarkable verifications in different diseases as would, or should, convince the most sceptical of the truth of the laws of similars. In Allen's *Encyclopedia of Pure Materia Medica* we find: "Nose obstructed; compelled to breathe through the mouth. The left side of the nose obstructed. Nostrils sore (second day). Nostrils sore; the left discharges continually (tenth day). Great heat in the face and head, afternoon, with fluent coryza (eighth day). Lips thick, burning, swollen (second day). Lips chapped, mouth dry (eighth day). Picks lips till they bleed; corners of mouth sore and cracked (Lippe)."

Hering's *Guiding Symptoms*: "Appearance of raw, bloody surface on lips, buccal cavity, nose, etc." "Patients often pick and bore into the raw surfaces, though doing so gives great pain, and they scream with it, but keep up the boring." There is also one other symptom, not so well expressed in Hering, viz.: that these raw surfaces are very red, like a piece of fresh beefsteak in appearance.

Notice that in Hering these symptoms of mouth, tongue and nose are given in connection with scarlatina mainly; but they are also found in typhoid and typhus fevers. "Whenever, in any disease, this red, raw

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condition of mouth, nose and lips (at which the patient bores and picks continually) appears, give *Arum tryphyllum.*"

In W. J. Hawk's *Characteristics for Prominent Remedies*, we find the following: "Discharge of burning, ichorous fluid from nose; excoriating nostrils and upper lip. The corners of mouth, buccal cavity and throat are raw sore, emitting blood; so sore that child is continually digging at it, and refuses to eat or drink.

"Nose stopped up, patient can only breathe through the mouth.

"Child digs with its nails deep into sore spots on face in scarlatina.

"Chronic hoarseness from speaking or singing; clergyman's sore throat."

In Kent's *Materia Medica*, second edition, we find the following comparison of *Arum trip.*, *Phosphorus* and *Rhus tox.*:

"The voice comes in for an extensive part of the trouble. It has been found especially to relate to singers and public speakers.

"At times, when a lawyer has had a long case, and he is making a final effort, and has been speaking three or four hours, and while in a sweat has got into a draft or gone out, he finds himself hoarse and cannot finish his speech, a dose of *Arum triph.* will enable him to go on with his speech in a clear voice. It clears up the hoarseness.

"In public speakers and singers, who have been compelled to strain the voice, and have taken a little cold, and the voice is hoarse after prolonged exercise. This is the most striking feature of the *Arum trip.* Voice: "Voice uncertain, uncontrollable, changing continually (now deep, now hoarse), etc."

It manifests itself in this way.

A person starts in a certain pitch and he cannot talk to you, but he tries another pitch and can talk. It is a queer thing that on certain notes they are voiceless, which shows that there is an irregular and patchy inflammation of the vocal chords; it is not a uniform inflammation, or the voice would be uniformly affected.

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" Clergymen's sore throat " is not a good expression, because it is the clergymen's hoarseness that is meant ; hoarseness and rawness of the throat of public speakers when talking. Of course, you would say any voice that is hoarse is aggravated when talking, but it is not always so. The *Rhus tox.* hoarseness carries with it its characteristic relief from motion, and the use of the voice is motion of the larynx.

When the *Rhus tox.* patient commences to use the voice, he finds that he is hoarse but, after using the voice a little, it loosens up, becomes freer ; or, in other words, it is better from motion. This may be so in either acute or chronic hoarseness. Now, in this remedy, as in *Phosphorus*, the voice is ameliorated from clearing the vocal chords of a little mucus. It is not so in *Rhus. tox.*, for it is a weakness and paralysis from cold. It is well known under *Rhus tox.* that the tendons and muscles that are rheumatic become weak ; they are stiff on beginning to move, and are ameliorated when they are warmed up. So it is with the voice.

Arum triphyllum diarrhœa, such as occurs in idiopathic typhoid. The stools appear like a yellow cornmeal mush when it is dropped on a plate. When this remedy is indicated the diarrhœa is yellow, like cornmeal ; frequent, fæcal, thin, mushy yellow, is the description of this typhoid stool.

Typhoid forms of fever, picking ends of fingers and dry lips till they bleed.

Urine very scanty or suppressed. You will commonly note a good action of this medicine in these complaints by its immediately starting up a copious flow of urine, which is a sign of relief.

My first personal experience with *Arum triph.* as a medical agent was in a case of a male child, two years old, afflicted with eczema. This child had had eczema from birth. The parents had exhausted their skill and that of many physicians of both schools of practice in their efforts to have the child restored to health. Symptoms : Excoriating discharge from nasal passages ; worse from left nostril and left cheek. Unless the child's hands and face were protected, he was constantly digging into the sores, thus keeping the

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hands and face constantly stained with blood. *Arum trip.* completely restored the child's health in a very few weeks.

Second Case—Rev. J., came to our village to preach his first or trial sermon. Almost immediately after his arrival, he felt the need of medical attention for a very severe cold. Unfortunately, for him, he called upon a young, so-called regular practitioner, who very promptly and severely salivated the reverend with a large dose of Hg_2Cl_2, which caused a complete loss of voice—a fine predicament for a preacher. The leader of his church choir, being a strong believer in the efficacy of homœopathic medicine, came with him to my office. His condition was pitiful. He was given *Hepar sulph.*, which soon antidoted the effects of the Hg_2Cl_2; but it required *Arum trip.* to restore the tone and enable him to successively change the pitch of his voice. His gratitude for this relief he could not express in words, and therefore he presented me with a very fine statue, called *The Charity Patient.*

Third Case—A consultation in a case of typhoid fever. Daughter of Mrs. E. S. V. The child was eight years old; had been very sick for three weeks, and was then not expected to live through the day. In taking the case the following symptoms were noted. The child was very nervous; respiration, 30; temperature, 103½; pulse, 130; left nostril completely occluded with a bloody mucous discharge; lips and corners of both nostrils very much excoriated and bleeding, caused by patient constantly picking and pinching, which she was unable to resist. Cough, with much burning and soreness in left chest; frequent evacuations of the characteristic cornmeal stool. After personally writing the symptoms all down and reading them over to the attending physician, he was asked what he had been giving, and his response was: "Oh, if you would ask what had not been given, I could answer better." He was much concerned about the heart. Hence *Digitalis* and *Strychnine* were the last. *Calomel, Arsenicum alb., Rhus tox.* and *Bryonia* had all preceded. The next question was: "Do you know the indicated remedy now?" His

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response was: "Yes." Next question: "Have you the rémedy?" Answer: "No; have never used it." *Arum trip.* was prepared and given to the patient, and she recovered very promptly without the aid of any other medicine.

In all ages preachers of false doctrines have had their vogue. It would be surprising if we escaped them now. But in this enlightened day, when education puts the truth within the reach of all; when reason is enthroned; when peace is preached on every side and the brotherhood of man exalted, it is passing strange that the royal law is so often and completely forgotten. That law was laid down centuries ago. It is as good now as ever. It reads: "Thou shalt love thy neighbour as thyself."

Sincerity is commendable: but its highest merit is in the performance of service for our fellow-men. No sincerity commends itself so highly as that which, listening to the still, small voice of conscience, frankly acknowledges a wrong and promptly atones for it.

That voice is still calling. It would be a wonderful blessing to our patients if it were heard and obeyed by many physicians whose sincerity we do not question, but whose actions cause untold suffering and distress to countless thousands.

HOSPITALS AND INSTITUTIONS.

MANCHESTER.

THE Annual Report for the Dispensaries at Manchester has just reached us. We notice one admirable feature, new, as far as we remember, in similar annual reports, namely a clear preparatory statement of what Homœopathy is. It is an excellent summary of the matter and notably enhances the value of this publication. Some of the comparative statistics of the American Institute of Homœopathy are also published. Turning to the report itself, we notice that attendances have gone up 928 to 18,616, and that receipts show a corresponding increase. There is a

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balance in hand of over £50. Deaths have numbered twenty-three, but as sixteen of them were of patients of from sixty-four years to eighty-five years, and three others were cancer cases, the record can hardly be called anything but a good one. We notice that nothing has been received from the Hospital Sunday Fund since 1911. The Lord Mayor's Charity gives £10 for the year.

SOCIETY MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Eighth Meeting of the Session was held on May 4th, at the London Homœopathic Hospital. Dr. Wheeler, President in the chair. After the preliminary business was transacted, Dr. Burford made a statement of the high honour recently conferred upon Dr. Brasol, particulars of which will be found elsewhere in this issue. A formal vote of congratulation to Dr. Brasol was passed. Dr. Wynne Thomas and Dr. Burford showed specimens.

Dr. M. Tyler read a paper upon cases where medicine must fail, emphasising the need of dealing with mechanical obstacles to recovery, and Dr. Miller Neatby read a paper on Abdominal Cases. Both contributions were characteristically pointed and effective. A good discussion followed, in which Dr. Byres Moir, Dr. Day, Dr. Burford, Dr. Hall Smith, Dr. Gerard Smith, Mr. Johnstone, Dr. Fergie Woods, Dr. E. A. Neatby, Mr. Granville Hey and the President took part. The writers of the papers replied.

ANTIMONIUM IODATUM.—"Spells" of coughing, especially toward morning or at middle hours of the night, with frothy, white or mucopurulent expectoration; loss of strength and appetite; cases seem to have a "tendency" to "run" into phthisis as is indicated by the losses of appetite and strength, night sweats and sweetish yellowish expectoration. The cases soon become febrile or sub-febrile, with yellow-stained conjunctivæ and skin.

Hale says: "In sub-acute bronchitis it acts 'like a charm.' In chronic bronchitis with or without asthma it has brought relief when other remedies have failed."

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 243, Russell Square, W.C.

RECEIPTS FROM 16TH APRIL TO 15TH MAY, 1916.

GENERAL FUND.

SUBSCRIPTIONS.

	£	s.	d.
Dr. J. Cavendish Molson		10	6
Cedric R. Boult, Esq.	2	2	0
Lady Durning Lawrence	1	1	0
Dr. J. Galley Blackley	1	1	0
Miss Green		10	6
Walter Currie, Esq.	1	1	3
Sir George Wyatt Truscott, Bt.	10	10	0
Mrs. Evans		5	0
A. J. Latham, Esq.	1	1	0
Dr. Goldsbrough	1	1	0
R. H. Caird, Esq., J.P.	1	1	0
E. L. Vinden, Esq.	1	1	0
Mrs. Cundy	1	0	0
James Eadie, Esq., F.R.C.S.	1	1	0
Mrs. Arnold Herbert		10	6
Mrs. Clifton Brown	2	2	0
H. Crewdson Howard, Esq.	1	1	0
Mrs. W. Melville Wills	2	2	0
Miss Carrick		2	6
Miss Goulding	1	1	0
Mrs. Hutchinson		0	6

DONATION.

Frank Broughton, Esq.		5	0

NATIONAL HOMŒOPATHIC FUND.

SUBSCRIPTIONS.

Miss Kate Simpson	1	1	0
Malcolm Low, Esq.	1	0	0
Dudley d'A. Wright, Esq., F.R.C.S.	2	2	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 17th May, at 4.30 p.m.

ANNUAL GENERAL MEETING.

THE British Homœopathic Association (Incorporated) held its Annual General Meeting at Chalmers

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House, 43, Russell Square, W.C., on Thursday, 18th May, 1916, at 4.30 p.m.

The President of the Association, Sir George Wyatt Truscott, Bt., took the Chair, as in previous years.

In moving the adoption of the report, Sir George briefly reviewed the year's work therein recorded, remarking that, in spite of the period under review being still one of War, the report was, nevertheless, quite a pleasing one. He referred to the financial position of the Association, saying that while it could not record any accession in its income, yet, by drastically reducing the administrative expenses in view of the enforced diminished work done, this had been fairly well maintained. He then referred to that portion of the Report which briefly described the splendid service contributed to war work by the medical practitioners and nurses connected with the homœopathic cause. He paid warm tribute also to the work done by the homœopathic hospitals in connection with the War, remarking in particular upon the hospital in Petrograd, which was winning golden opinions for Homœopathy, and upon the Southport Cottage Hospital, which, he stated had always been an excellent institution. and during the War had come very much to the fore. He expressed deep concern at the great loss sustained, not only by Southport, but by Homœopathy, in general, in the death of Mr. von Stralendorff. He was glad to notice that the Ladies' Northern Branch of theAssociation were able to report satisfactorily on the work in their district (Southport). He referred to the importance of the Educational Work carried on by Dr. Goldsborough, Dr. Wheeler, Dr. Weir, and Dr. Cronin Lowe. The Children's Homœopathic Dispensary, he stated, had made very good progress during the year, and had gone forward chiefly through personal advertisement by one mother testifying to another of the benefit her children had received there. The Beit Research Fund investigations he stated were being continued by Dr. S. Judd Lewis, and from what he learned in the Report, he thought ere long these might yield important practical results. In conclusion, Sir George said that he felt the Asso-

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ciation was indebted, as they had been for some time past, to Mr. Lee Matthews for his untiring efforts on behalf of the B.H.A.

Mr. Lee Mathews, in seconding the adoption of the report, warmly thanked Sir George for his kind remarks in regard to himself and referred to the effect of the War upon the Association, saying that it had been imposisble to make any substantial increase in its membership—that it had been simply a case of marking time for a while. With reference to the Beit Research Fund, investigations, undertaken by Dr. S. Judd Lewis, under the auspices of the B.H.A., he felt sure that all would be interested to know that a paper on the research in question had recently been read by Dr. Lewis at a meeting of the Royal Society. Before concluding his remarks, Mr. Lee Mathews said that unfortunately there was one other death which he had to mention—that of Mr. Thirlby, who for a great many years was Solicitor to the Association and a very great friend. They all felt most grateful to him for the most admirable manner in which he had looked after the Association's affairs, and felt the deepest sympathy with his family in their bereavement. In conclusion, he expressed his thanks to the Council, the Executive Committee and the staff, speaking warmly of the valuable help he had had throughout all Association matters from the Vice-Chairman, Mr. E. H. Morton.

After the re-election of the President, the Vice-Presidents and Honorary Vice-Presidents, the Council and the Auditors, for the ensuing year, a vote of thanks to Sir George Truscott for presiding over the meeting was carried with acclamation, and the proceedings then terminated.

SANGUINARIA NITRATE.—Smarting and burning in throat and chest, particularly under the sternum, produced by coughing. Expectoration matter is sweetish in taste, thick and yellowish in appearance. Sudden stopping of catarrh of air passages and appearance of diarrhœa calls for *Sanguinaria*.

If influenza symptoms of " winter cholera " are present consider *Sanguinaria*, *Podophyllum* and *Mercurius scorrosivus*. Symptoms of cararrh in genito-urinary tract, result of influenza, calls for *Mercurius corrosivus*, *Cantharis*, *Belladonna*.

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EXTRACTS.

ECZEMA AND FORMIC ACID.*

"In the summer, noticing that some of the dahlias in my garden failed to grow well, I went literally to the root of the matter and found there the troublesome insect *aphis radicis* with *formica flava*, the yellow ant, encouraging its depredations. I crushed numbers of the ants with my fingers, noticing at the time the pungent odour which they emitted, which was of course due to formic acid, especially abundant in this species.

"At about this time, my hands began to present symptoms of eczema, itching (much aggravated after the taking of salted food) and formation of vesicles, with subsequent thickening and cracking of the skin. I did not associate these symptoms with the handling of the ants until they had recurred under the same circumstances for several seasons. I now avoid the annual attack of pseudo-eczema by avoiding the yellow ants.

"The facts appear to me to suggest the dependence of genuine cases of eczema on the presence of formic acid, since this acid has been detected by various chemists in the perspiration."—E.M.B.T.

The value of this observation lies in its very close relationship to the recorded provings of the homœopathic remedy, known as "Formica." In homœopathic usage, the tincture of *Formica rufa* is prepared from crushed live ants. Its condensed proving is to be found in Hering's *Guiding Symptoms*, Vol. V., pp. 344-354. The substance of this proving is taken from Hering's monograph, and from the proving originally published in Vol. 20 of the *N. A. Jour. of Homœopathy*.

The symptoms recorded in these provings were obtained after inhalation of *Formic ether*, *Formyl acid*, *Spiritus Formicarum*, and from the use of *Formica rufa* and *Formica subsericea*, in drop doses of the tincture up to the thirtieth centesimal or decillionth potencies.

* A Letter to *The Journal of the American Institute of Homœopathy.*

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Symptoms 140 to 740, the endof the proving, are to be found in the *Amer. Jour. of Hom. Mat. Medica, New Series, Vol. II., No.* 5. The proving is given there more in detail.

The variation in the symptoms recorded in the *Formica flava* in the writer's case, and the symptoms obtained from the *Formica rufa* of the provings may have been due to a difference in species. The fact remains that even the commonest observation, if corroborated by carefully conducted experiments, may become of greatest value in determining the effects of a given drug.

The symptoms recorded in the proving of *Formica rufa* were obtained nearly half a century ago. Their validity is still unquestioned. Should the truth of such observations be questioned at the present time or in the near future, it only remains to repeat such experiments to prove or disprove their claim to scientific accuracy.

BENJAMIN C. WOODBURY.

CHRONIC HEADACHE.*

MRS. v. d. P. suffered for fifteen years with periodical headaches, recurring every three or four weeks; later more frequently; recently every eight days. Her first prescriptions was quinine-pills, which checked the pain, but she was obliged to increase the dose, repeatedly. These were discontinued, then *morphine* and various "headache-cures" gave relief for a while, and later, none. The patient, meanwhile, became weaker and more nervous.

Head-pains commenced, usually in night or early morning.

Occiput, neck, and r. shoulder, extending to forehead, r. side, above the eye;

Continued all day, or into night.

< touch or pressure.

> heat; obliged to lie down.

Nausea, vomiting bile and mucus, during headache.

Eating impossible.

*Reprinted from the *Hom. Monadblad.*

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Photophobia, remained in dark room.
Palpitation, with headache.
Perspiration copious when headache relieved.
Nervous, excitable ; < excitement.
Face pale, sunken appearance, during headache.
Sleep heavy at close of headache. *Sang.* 6.

Three days later :

Paroxysm with above symptoms more intense than any previous one.

With difficulty I persuaded the patient to continue the remedy.

Headaches were reported cured within a month, and did not return. At the same time, the patient was less nervous, and could enjoy dinner and evening party without ill effects, as she had not done for years.

CORRESPONDENCE.

THE EDITOR, "THE HOMŒOPATHIC WORLD."

To the Homœopathic Physicians of Great Britain.

HONOURED COLLEAGUES.—To you we desire to convey our cordial greetings, and to address you in the interests of World-Homœopathy, which knows no barrier of race or language. May her Institutions flourish and her work prevail !

At the last International Congress in 1911 application was received and endorsed by the assembly for the next meeting to take place in Berlin in 1916. Political events have intervened to preclude the possibility of a representative Congress meeting in Berlin in this year of grace. As alternatives America, or a European Neutral State have been considered by the Officiate as possible places of assembly ! but the same objection as to the impracticability of representation holds good with these proposed centres as with the other appointed city of meeting. The Officiate advise that in the year 1916 no summons be issued for the meeting of the International Congress. That in the ensuing year 1917, the question be considered as to practicability,

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time and place, and an advisory statement thereupon issued.

At the Congress of 1911, the International Homœopathic Council was appointed with powers to consider and promote the interests of world-Homœopathy and to report at the next ensuing Congress. This Council has drafted a *précis* of its work which we append: a detailed account of its being and doing will be presented to the next Meeting of the International Congress. It is obvious that the constitution of such an interim Council has been amply justified by results, and the Council thus appointed proposes to continue its work up to the next assembly of the International Congress.

We remain, honoured colleagues,

Yours fraternally in the interests of Homœopathy,

GEORGE BURFORD, M.B., *President of the International Congress of* 1911.

JOHN PRESTON SUTHERLAND, M.D.

CHARLES E. WHEELER, M.D.

Permanent Secretaries of the International Congress.

C. KNOX SHAW, M.R.C.S., etc., *Treasurer of the International Congress of* 1911.

PRÉCIS OF WORK OF THE INTERNATIONAL HOMŒOPATHIC COUNCIL, 1911-1915.

1912.—Meeting of Council at Zurich in August: President McClelland in the Chair. Dr. Hoyle appointed Travelling Secretary for International Work. Dr. Hoyle on the Council's instructions visited Sweden, and co-operated with the Homœopathic Physicians there in an active Propagandism.

1913.—A well attended and most profitable Annual Meeting of the Council was held at Ghent, in August. Beside a Public Assembly, presided over by the Governor of the Province, the official meetings of Council covered a period of three days, and much important work was satisfactorily done.

The Berlin Homœopathic Society sent an invitation for the Travelling Secretary to address an open meeting on the subject of Homœopathy. Dr. Hoyle visited not only Berlin, but also the towns of Magdeburg, Darm-

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stadt and Frankfurt, carrying out a successful and interesting propagandistic work.

1914.—Through Dr. Leon Brasol a similar request was preferred to the International Council, and Dr. Hoyle was commissioned to journey to Petrograd at an important juncture in the history of Homœopathy in Russia. This visit was made with official sanction, and resulted in a considerable activation of the influence of Homœopathy in that country.

Every arrangement had been made for a largely attended annual meeting at the Hague, Holland, in August. The first Vice-President of the Council—Dr. George Burford—had visited this famous city, and conferred with Dr. Voorhoeve and with Dr. Tuinzing, of Rotterdam, regarding public and private arrangements for the reception of the Delegates.

Suddenly, like a bolt from the blue, came the declaration of war, three days before the proposed meeting. This was necessarily cancelled: and as several leading American Homœopathic *confères* were in England, en route for the Hague, a meeting of available Delegates was called in London, and the official business destined for the Hague meeting considered.

Dr. John Preston Sutherland was appointed President of the Council in place of Dr. J. H. McClelland, of splendid memory. It was decided to continue the work of the Council: and recognising the difficulty of any International meeting, until the advent of peace, it was further agreed that the British Officers and Delegates, working with an Advisory Committee appointed by the British Homœopathic Society (the President of the Society being *ex officio* on the Committee) should be constituted an interim body to carry on the Council work.

April, 1916.

RUMEX CRISPUS.—Cough irritated by least irregularity in breathing, as taking a long breath or talking; worse after going to bed. Patient covers up his head or while walking instinctively covers up his mouth to prevent irritation from open or cool air; teasing and tickling behind sternum.

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LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30; Out-patients, 2.0), Daily; Surgical, Mondays and Tuesdays, 2.0; and Thursdays and Fridays, 9 a.m.; Diseases of Women, Tuesdays, and Wednesdays 2.0; Diseases of Skin, Thursdays, 2.0; Diseases of the Eye, Mondays and Thursdays, 2.0; Diseases of the Nose, Throat and Ear, Wednesdays. 2.0; and Saturdays, 9 a.m.; Diseases of Children, Mondays and Thursdays, 9.0 a.m.; Operations, Monday, Thursday and (Out Patients Saturday mornings); and Wednesday, Thursday and Friday afternoons; Diseases of the Nervous System, Fridays, 9 a.m.; Electrical Cases, Tuesdays and Fridays, 2.0 p.m; Physical Exercise Department, every day except Saturday at 9 a.m.

CHILDREN'S HOMŒOPATHIC DISPENSARY, SHEPHERD'S BUSH GREEN, W.

For the treatment of Diseases of Children only. *Medical Cases* daily, and Special Departments for—*Eye*, Wednesday; *Ear Nose and Throat*, Wednesday; *Skin*, Tuesday, Wednesday and Friday. Doors open 1.30 p.m. Closed 2.30 p.m. daily, except Saturdays, Sundays, and Bank Holidays. Sir Geo. Wyatt Truscott, Bart., President. G. W. Budden, Esq., Hon. Treasurer, Dr. E. Petrie Hoyle, Hon. Sec. Telephone: Hammersmith 1023.

REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association* (*Incor.*), 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Bell (W. Blair.) The Sex Complex. A Study of the Relationships of the Internal Secretions to the Female Characteristics and Functions in Health and Disease. 8vo. pp. 254. (Ballière Net 12s. 6d.)

Hewer (Mrs. J. Langton.) Our Baby. For Mothers and Nurses. 15th ed., Illustrated, fully Revised. Cr. 8vo, bds., pp. 216. (J. Wright. Net 1s. 6d.)

Hill (Hibbert Winslow.) The New Public Health. Cr. 8vo. (Macmillan. Net. 5s.

Medical Homes for Private Patients. 1916. 16 mo, pp. 167. (University Press. Aberdeen. Net 6d.)

Newsome (Edith.) Home Nursing. Comprising Lectures given to Detatchments of the British Red Cross Society. Cr. 8vo. pp. 171. (Scientific Press. Net 2s. 6d.

Preston (H. M.) The Triangular Bandage. 12mo. pp. 62. (T. F. Unwin. Net 1s.)

Roberts (John B.) and **Kelly** (James A.) Treatise on Fractures. 8vo. (Lippincott. Net 25s.)

Smart (C. W.) Bed Sores: Their Prevention and Cure. 16mo, pp. 52. (Bale Sons, and Danielsson. (Net 1s.)

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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowen, Putney Hill, S.W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London. E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Hadden, Hawick—Dr. Burford, London—Dr. Barlee, Tunbridge Wells—Dr. Ray, India.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med.Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

The Homœopathic World.

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Gold as a Remedy for Acute Rheumatism.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS

Letters from the Front. By Stanley Franklin.

Treatment of Acute Rheumatism with Intravenous Injections of Colloidal Gold. By M. H. Grenet.

Proving of Kali Phosphoricum. By H. C. Allen, M.D.

London Homœopathic Hospital. Report of Sixty-Sixth Annual General Meeting.

SOCIETY MEETING.

British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from March 16th to April April 15th.

CORRESPONDENCE:

Dr. Wishart.

John Haddon, M.D.

Varieties.

Medical and Surgical Works.

To Contributors and Correspondents.

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THE

HOMŒOPATHIC WORLD.

JULY 1, 1916.

THE B.H.A.

WE had the honour in last month's issue to print an account of the Annual Meeting of the British Homœopathic Association. To-day we wish to remind our readers that although the times are adverse to any attempt at a big display of activity, nevertheless the B.H.A. pursues steadily its various educational and propagandist duties and is ready and anxious to extend its work if only its supporters will give it the means. The research work of Dr. Judd Lewis has brought the name of the B.H.A. to the notice of the Royal Society, as supporters of this most valuable work, and the Honyman-Gillespie and Burnett lectures have been given as usual. We would particularly urge once more the need for a central fund for hospital support in times of need. Subscriptions are called for in these days for so many worthy objects, but the B.H.A. funds have a very special claim. Some readjustment of the status and organisation of the medical profession is inevitable after the turmoil of war subsides, and the existence of a strong association is the best preparation by Homœopathy to meet a situation which may be fraught with some danger to our cause, but may on the other hand, be turned to our advantage if we have an organisation adequate to the emergency.

Therefore—support the B.H.A. !

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BRAVO, BOSTON!

WE call attention with great pride to the following statistics: we remind our readers that Boston University is a Homœopathic School.

STATE BOARD STATISTICS FOR 1915.

The Council on Medical Education publishes in the *Journal of the American Medical Association* of April 8, 1916, statistics of state board examinations for the year 1915.

Graduates and students of Boston University School of Medicine may well be proud of the splendid showing made by our School. Of the four Medical schools in Boston—and that means in Massachusetts—Boston University heads the list with but one failure, or four per cent.; Harvard Medical School is second with 6.5 per cent. failures, and Tufts Medical School and the College of Physicians and Surgeons follow with 13.5 per cent. and 39.3 per cent. respectively. These figures include all the candidates examined in 1915, regardless of the year of graduation.

The single Boston University failure was by a candidate who graduated prior to 1911. The figures for graduates of 1911-15 are, therefore, even more striking. Boston University has no failures, Harvard has 5.4 per cent., Tufts 11.8 per cent., and P. and S. 31.8 per cent.

Among the graduates of 1915 examined last year, Boston University had no failures. P. and S. also had none (only five examined), Harvard had 1.8 per cent. and Tufts 11.9 per cent.

Although the number of candidates from Boston University is approximately but one to four from either Harvard or Tufts Medical Schools (25 to 108 [104] for all graduates; 19 to 55 [59] for 1915), and although this difference in the numbers examined would nceessarily affect the percentages of failures in

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favour of our School, yet the margin of success of our graduates, except for those of 1915 (only one failure by Harvard), would seem to be greater than can be accounted for by statistical error due to simple variation in numbers.

On the other hand, it seems highly probable that our smaller classes, because of the necessarily closer relationship between teacher and student, are responsible for the superior product of our School.

STATE REGISTRATION OF NURSES.—We referred a few weeks ago to the proposed "College of Nursing" of which Mr. Arthur Stanley is the chief promoter. There have been two conferences on the subject, at which representatives of those interested in the State Registration of Nurses have been present. It is only right to say that Mr. Stanley has set himself to meet crtiicisms of his project in a most conciliatory manner, and has shown a desire to have the matter fully discussed. Some of his supporters and advisers have not, it is true, been so judicious, but that may pass. The upholders of State registration will, however, be well advised not to let themselves be persuaded to give up their demand by any show of reasonableness on the other side. The claim for State registration is clear, and it is made not only by the overwhelming majority of trained nurses, but by the majority of the medical profession. A voluntary enrolment will not fulfil any of the purposes of a State Register, but it may easily block the way. Over and above this, Mr. Stanley's scheme contains the entirely objectionable condition of government by a self-nominated and irresponsible committee containing an unknown proportion of lay people. Much play has been made by the promoters of the scheme by the misleading analogy of the proposed College of Nursing with the Incorporated Law Society. As a matter of fact, the control of the roll of solicitors is in the hands of the Lord Chancellor and not of the Incorporated Law Society, but, apart from this, we should not envy the man who had the audacity to propose to the solicitors' profession that the government of the Incorporated Law Society should be given to a self-nominated committee consisting of a mixture of solicitors and well-meaning busybodies, who have no knowledge of law but were interested in the education of solicitors. This would be a fair parallel to what Mr. Stanley and his advisers suggest to the nursing profession.—*Medical Press.*

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NEWS AND NOTES.

Major Rowse, R.A.M.C.

Our colleague, Dr. Leo Rowse, now Major Rowse, has been in England for a few weeks, and his many friends have been able to see him, and congratulate him on the fine work in Malta of which he gives a characteristically modest account in this issue. Major Rowse has now been sent to Salonika where we wish him all success and honour.

A Case of Quinine Poisoning.

Columbus, Ohio, April 2, 1916.

To the Journal of the American Institute of Homœopathy :

Mr. C., a student in Ohio State University, was admitted to the Therapeutic Clinic of the Homœopathic Hospital suffering with what proved to be quinine poisoning. Tuesday evening he had taken a piece of candy containing a small, but unknown amount of quinine ; The first symptoms appeared four hours later : there was an eruption around the chin ; the eyes were swollen and very red ; the eruption appeared in patches and soon extended to the nose and nostrils ; the eyes were soon swollen shut and the temperature was ninety-nine ; the throat was raw and inflamed with red patches on the roof of the mouth ; tonsils swollen and a watery discharge from the ears ; the eruption exuded a thin, yellow, watery fluid which was rather sticky ; soon the trunk, genitals, hands and feet were similarly broken out. There was no ringing in the ears at any time, but his head felt " stuffy and full." Patient was constipated and the urine reduced one-half in amount ; no appetite ; the ears became swollen, puffed and red ; the eyes burned ; lachrymation ; small yellow pustules appeared on face ; the lips were now broken out in a small, red rash ; marked burning and itching all over the body ; food did not have its natural taste.

The patient had had several attacks before whenever he took even small doses of quinine and expressed his

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history in these words: "I don't remember just how many times I have been this way, but I have always suffered in this manner whenever I took quinine; once I was badly off from using quinine as a hair tonic, in which case I applied the drug locally, and upon that occasion only my head was affected, which was swollen all over and my eyes and nose were badly inflamed." Usually the first symptom that manifested itself when the patient suffered from quinine idiosyncrasy was itching which when scratched resulted in a breaking out over the irritated part, and there was a discharge from the skin, and outlets of the body had a pungent, disagreeable odour. Patient could not compare his condition to anything that he knew of and each attack would usually last from one to three weeks. When the eruption subsides the skin over the diseased areas exfoliates. Just previous to the exfoliation, the skin becomes covered with vesicles and the skin comes off in great pieces. In three or four times the skin of the palms of the hands and soles of the feet have come off whole, resembling a cast of the members. In most of his attacks the glands of the neck were swollen.

Treatment consisted in prescribing *Apis* 6x, as this appeared to be his remedy; in three or four days patient had recovered sufficiently to leave the hospital and to go home. The patient was of the opinion that this remedy had helped him, as in his former attacks he had suffered much more and the symptoms were longer in making their disappearance than in this instance.

ALBERT E. HINSDALE, A.B., M.D.

ECHINACEA IN RATTLESNAKE BITE.

DURING my short career in the practice of medicine, I have had the opportunity of treating two cases of rattlesnake bite, which I will report in detail.

CASE 1.—Boy, seven years old, bitten three inches above the heel; the bite was complete, both upper and lower fangs entering the flesh. There is no doubt about it being a rattlesnake, as snake was killed and produced for my inspection. I saw the boy in about

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one hour after he had been bitten. The leg was badly swollen for about three inches each way from bite. The boy had been given about four ounces of whiskey. Some claim that when whiskey is once given it should be kept up; but I wanted to see what *Echinacea* would do, so I discontinued the whiskey and gave *Echinacea* internally in twenty-drop doses, every fifteen minutes until four doses were given, then every hour. At the same time I applied the *Echinacea* locally by saturating cotton with it and covering the entire swollen area. Result: in three days the boy was able to put on his shoe and walk one-fourth of a mile to school without limping.

CASE 2.—A lady, twenty-one years old, was brought to my office. She had been bitten on the back of the hand by a rattlesnake. Both upper and lower fangs had penetrated the integument. I saw her about one hour after she had been bitten. The hand was badly swollen and had turned dark purple. I gave *Echinacea* internally in thirty-drop doses every fifteen minutes until four doses were taken, then every hour, and applied it locally. Result: in four days she was able to do her housework. Nothing but *Echinacea* was used internally or externally in this case.

In each case, the swelling stopped as soon as the *Echinacea* was used, and in about twelve hours commenced to subside. There was but very little pain in either case. There are numbers of rattlesnakes in this part of the country, and if I get a chance to treat any more cases I will report my success with *Echinacea*. I have used *Echinacea* in a number of cases of typhoid fever, recurring boils, and in fact in almost all kinds of cases where there is a septic condition of the blood, with the most gratifying results.

J. MORROW, M.D.

ABSINTHIUM.

OUR knowledge of the effects of this remarkable plant is derived wholly from cases of poisoning; even Dr. Gatchell's "provings" contain "epileptiform convulsions," which can have been noticed only in a

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chronic poisoning. To understand rightly what we are studying, let us examine the preparations ordinarily used. There is no pure "liquor of absinthe" in the market; all the essences and liquors are adulterated. Formerly Swiss absinthe (the best) was prepared by macerating in alcohol the tops of *Artemisia absinthium* and other species, together with angelica root, sweet flag root, aniseed, dittany, origanum, etc., after distillation there were added essences of aniseed, or of mint, fennel and honey.

At the present time no infusions are made. Essences are first prepared and added to a poor alcohol; for a fine colour, sulphate of indigo, tincture of curcuma, picric acid, sulphate of copper and even arseniate of copper, are added. Still, this adulteration does not alter the fact that absinthe, pure and simple, produces a genuine and peculiar intoxication, the chronic form of which is characterised by epileptiform convulsions. Dr. Challaud, in "Etude Experimentale et Clinique sur l' Absinthisme et "Alcoholisme," gives the following conclusions:—

(1.) The poisonous agent in "liquor d'absinth" is the essence of absinth; this essence alone, without alcohol or any adulteration, produces in animals an intoxication characterised by epilepsy.

(2) In man, the abuse of this liquor is followed by convulsions.

(3) This epilepsy of absinthe differs from the epileptiform spasms noticed in chronic alcoholism, by its character, by the period of invasion, and by its duration.

We have now to examine the peculiarities of the absinthe epilepsy. We first find that the spasms are characterised by a large number occurring in rapid succession. This observation has proven of service in arresting these spasms by dilutions of absinthe. Another good observation is the anaesthesias and symptoms of general paralysis following or even preceding the convulsions. Note also the terrifying hallucinations in many cases.

A number of drugs produce spasms with loss of consciousness, and many drugs arrest such spasms

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and cure even epilepsy; but none are like *Absinthe. Cicuta* approaches it in severity, but the spasms indicating *Cicuta* are continuous; while the intermitting spasms of *Nux vomica* are not attended with loss of consciousness, and are more tetanic in character. The symptoms of anæsthesia and general paralysis are clearly brought out by the most valuable provings of *Artemesia abrotanum* by Dr. Cushing. The same bitter, active principle is found in nearly every species of *Artemesia.* It was described by Kromaayer and named *Absinthin.* It is not an alkaloid. According to von Leonhardi it causes vertigo and stupefaction. The provings of Dr. Cushing well repay the most careful study. The preparation used was obtained by macerating the fresh plant in alcohol. The doctor began with six drops of the tincture and rose to a hundred. He first experienced a sensation "as if the head were squeezed in the temporal regions;" afterwards there following frightful dreams, and trembling on waking. After sixty drops, a humming as of a bee was heard; then he had lameness and aching in the left arm; then severe pains in the back of the neck shoulders etc.; the right hip became lame; the arms and hands became numb; afterwards trembling all over; mouth became dry and sore; respiration difficult; legs so lame that it was difficult to walk; restless on account of the pains; darting pains in various parts of the body; when driving, he often unconsciously dropped the reins.

Provirgs of the same plant by Dr. Gatchell give us; fugitive pains; numb sensation in fingers; loss of mental power, etc. These provings are clearly genuine and valuable. A condition similar to this is not infrequently met with in patients and *Absinthe* or *Absinthium abrotanum* should come in frequent use for cerebral and spinal-hyperæmia with the symptoms so clearly developed by Dr. Cushing. The amelioration from motion, the numbness and the pains, are like *Rhus.* Both Cushing ard Gatchell speak of the pains as fugitive: Cushing noticed the upper left, then lower right. The study of the *Artemesias* should be followed by a comparison with *Rhus* and *Zincum. Cimicifuga*

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and a large number of cognate drugs will readily suggest themselves.

Posthumous material (ADOLPHUS VON LIPPE.)

OSMIUM.

PERHAPS there is no other drug in the materia medica which comes nearer to producing a picture of glaucoma than does *Osmium*. It produces such symptoms as increase in intraocular tension, dimness of sight, green halo around a candle flame, pain and photophobia. Strange to say, the remedy has never found any extensive use, and inquiry among specialists fails to show how that they have had any experience with the drug.

KALI SULPH, 3X, FOR POST-INFLUENZAL COUGH.

THIS is a remedy peculiarly efficient in the persistent and oftimes troublesome post-grippal coughs. Catarrhal inflammations with profuse expectoration, sometimes yellow, with a cough worse in hot rooms and in the evening. Especially useful in coughs remaining after *la grippe* in children. In cases where *Pulsatilla* is seemingly indicated but fails, as it is a first cousin of *Pulsatilla*—having many symptoms in common with it. In these cases it also follows well after *Kali bichromicum*. Remember this remedy in your troublesome coughs following *la grippe*.—DR. WM. BOERICKE IN *Pacific Coast Journal of Homœopathy*.

NEPHRECTOMY DURING PREGNANCY.—Schmidt (*Surg., Gyn. and Obs.*, xxi., 6) records a case in which the patient was six-and-a-half months pregnant at time of operation. The kidney had evidently ceased to function and was discharging pus only into the bladder. The immediate result was uneventful, and delivery occurred normally at term of a living child. Thirty-four other cases are collected and tabulated. The total mortality was two cases. Twenty-one cases were operated upon in the third, fourth and fifth months, and seventy-seven per cent. had normal deliveries at term. The after-condition of only one kidney is not considered a bar to pregnancy, provided the one kidney is healthy and some time has elapsed since the nephrectomy without evidence of disease.

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ORIGINAL COMMUNICATIONS.

HISTORY OF MILITARY HOSPITAL, FLORIANA, MALTA.

By MAJOR L. ROWSE, R.A.M.C.

THE present Military Hospital at Floriana, Malta, was until the 3rd June, 1915, an Infantry Barracks. It consisted of three blocks of buildings, a block of married quarters, and a suite of twelve casemate rooms, with the usual company offices. The casemate buildings were behind, and parallel to the Maltese civil hospital. The distance from one extreme end to the other is just over a quarter of a mile, and this had to be borne in mind, as the journeyings to and fro account for much of the labour thrown on all who have, in the execution of their various duties, to travel from stores to wards.

On the 3rd June orders were received to take over and equip these barracks as a hospital, and the work was ordered to be started on Friday, 4th June. On that morning the staff arrived; it consisted of an officer in charge, matron and a sergeant-major. In the evening of the 4th, sixty R.A.M.C. personel arrived from Imtarfa.

The infantry battalion left on the 5th June, but practically all the offices and store-rooms were packed with their equipment, and, what was worse, the doors of all these store-rooms were locked. As the said infantry battalion had gone to Ghain Tuffieha, it was a matter of great difficulty to get in touch with them, and of a greater difficulty still to get any of them here to clear off their baggage.

We were warned that we might expect patients at any time, and were to push on with cleaning the rooms and equipping and transforming them into hospital wards as fast as possible. The task needed to be seen to be in any way appreciated, and every available pair of hands was supplied with a scrubbing brush, pail or broom, and urged to get on with it, and to their lasting credit, be it said, they got on.

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On Monday, 7th June, the hospital equipment began arriving, and as each ward was reported clean, beds, bedding, and other equipment were pushed in as fast as possible. By this time some of the store room doors had been opened, and to an ordinary observer a state of chaos reigned; stores being emptied, vans loaded, vans being unloaded, and wards filled. The scene was as varied and interesting as one need to look upon. That practically no mistakes did occur was very largely owing to the ubiquity and intelligence of the sergeant-major.

On the 8th June fifteen of the nursing staff arrived, and on the 9th June six more, and on the eleventh another fourteen. As each one came she was bustled on to a job, there being both a plethora and a variety of such, and none was heard to complain of time hanging heavily.

The medical officers began to arrive on the 6th June, and numbered seven. One more came on the 11th, one more on the 19th, and five more on the 20th. On this day one medical officer was taken away for duty on a hospital ship, so that for working purposes the staff numbered thirteen medical officers, further reduced by one on the 23rd June.

On the 9th June we took in our first batch of patients, numbering 249; on the 10th we admitted 110, and on the 14th a further 236. That is to say, nine days after the place was a barracks it was a military hospital accommodating 585 wounded men. The great majority of the cases were of a serious nature, and practically all requiring surgical attention of sorts.

On the 19th June an additional interest was added—namely, the sending on to England of all such cases as were fit to travel. Our orders were definitely to clear and be ready for more as quickly as possible, and we acted up to these orders in the letter and the spirit. Eighty-seven left us for England on the 19th June, thirty-one on the 23rd June, thirty-five on the 7th July, and forty-seven on the 7th July. During this period, of course, fresh arrivals came pouring in, and we were always nearly full. At one time every bed was occupied, and we had in addition, less serious cases lying

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on stretchers on the floor. On one never-to-be-forgotten Sunday evening, urgent cases came in so quickly that we had two operating tables going, and starting at 6 p.m., we went on steadily until after 2 a.m. the next morning.

On another similar occasion patients began to be admitted in large numbers at 4 p.m., and the two operating tables were going until 3 a.m. next morning the surgeons again taking up their duties at 7 a.m., and continuing with short intervals until 2 a.m. the following morning. These are two only of the many instances when it might be said that the hospital staff was working at something over the speed and time limit.

At the beginning of July there arrived the consultants, who had been allotted to Malta to share our heavy responsibilities. Colonel Symonds as surgeon, and Colonel Gulland as physician, were those who were appointed to Floriana, and at the suggestion of Colonel Symonds, Captain Guy Nicholson was appointed as the senior surgeon on the staff. In those early days no such arrangement such as charges of medical and surgical divisions existed.

On the 26th November we received a War Office order definitely to place the patients in medical and surgical divisions, and place a medical officer at the head of each division. To comply with this, Captain Guy Nicholson was appointed to the surgical charge, and Captain H. R. Riddell to the medical charge.

We continued to work at our highest possible pressure during all the summer heat. Admissions came in big numbers, and discharges went in fairly equal numbers. It is a matter of thankful wonder that the nursing staff stood the prolonged heavy strain as they did, only one case of sickness occurring amongst them, and this only a six days' illness. This undoubtedly was very largely attributable to two things, namely, the good feeding of the nurses by the home sisters, and the insistence by the matron on the off-duty time. This uniform fitness for duty must be ever a source of credit, as with the Hospital kept always practically full, our original nursing staff of thirty-five was not augmented, but on the other hand was depleted at varying

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dates to thirty; this number existed until the arrival of the first batch of V.A.D. nurses. It is undoubtedly a fact that the advent of these V.A.D.'s was anticipated with varying feelings; at one time it was felt certain that they would be of great help, at another a distinct sense of wonderment as to whether their lack of full time training would prove more hindrance than help. Let it be said here once and for all, that whatever was lacking in training, was more than compensated for by their keenness and intelligence. They proved from the first a veritable God-send, and this consistency in their work has been maintained throughout.

One of the principles we adopted from the first, was conservative surgery. Medical officers were always impressed to save as much of the original patient as was compatible with his life and after well-being.

This kept the staff well alive to the responsibilities of their work, and gave scope for the exercise of full judgment on a patient's general condition. No operation was decided on hurriedly unless life was endangered by delay, and each man was carefully examined when he came from the ambulance, and again in a few hours, as it was found that a few hours rest, after the exhaustion of a sea voyage and a trip in a motor ambulance, even one so carefully driven as those in Malta are, often made quite a different patient.

Our work increased to such an extent that it was found that our 600 beds were not sufficient, and by order of the D.M.S., on the 12th November we were told to expand as far as possible. We forthwith added an additional 100 beds.

Later, namely, on the 5th January, 1916, it being anticipated that a rush of work might come to the island, the order came to erect and equip marquees on the parade ground to accommodate an additional 100 patients. Fortunately this rush did not eventuate, and we got no further than getting out plans out and the erection of twenty-four marquees, each capable of housing twelve, or at a push, fourteen patients.

Naturally with a large body of men there was a good

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proportion who, beyond their actual injury were physically fit—quite fit to be up, but not fit enough to send away. To keep these men from being fed up, to make discipline easier, and also largely to assist in their cure, amusements had to be provided. This department has been most ably supplied by the Red Cross Society, the Y.M.C.A. and by several local and regimental parties, who have worked hard, and deservedly earned the hearty appreciation of patients and staff.

An empty casemate which had been one of the dining halls of the battalion was converted into a concert room. A good stage, well appointed, and with pretty and effective drop scenes was erected. The whole designing and carrying out was done by some energetic N.C.O.'s.

While on the topic of entertainments it will be suitable to say a word on our Christmas. Christmas at Floriana was an event which will not easily be forgotten by any of those who had the joy of taking part in either entertaining or being entertained. The decorations for the wards were started some days beforehand; the actual placing of the decorations was mostly left until as near the day as possible. It was said by many who had done a great deal of hospital work that never had they seen anything to surpass the beauty and ingenuity exercised in many of the wards. Medical officers, nurses and orderlies all strove that the season might be as home-like and as festive as possible. The entertainments started on Christmas Eve by a party of carol singers going round first of all to a few of the dignitaries, and giving each a few of the old-time favourite carols. Having by this means got well into their stride, they came and sang in such places that all the patients could enjoy their vocal efforts. It is noteworthy to remark that no casualties occurred to the choir.

On Christmas morning the Floriana Rag-time Band fell in about seven o'clock and paraded, undertook varied fatiguing duties, and finally were inspected by His Excellency the Governor, who was pleased to comment on the smart and soldier-like bearing of the men under their trying conditions of service. At noon

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or a little later came dinner. The medical officers all assisted in the carving duties; the patients did the rest, and assuredly of the dinner, and after, nothing was left to be desired. After dinner followed concerts, sketches and teas in all the wards, and by eventime the only thing possible for the patients was sleep, and this also was effected, as was all else done during the day, just thoroughly.

While writing of Christmas festivities, mention must be made of the kindness shown by the Wesleyan chaplain and staff of the Connaught Home. A splendid tea, followed by good entertainment, was given on four days in the week following Christmas; given on three different days in order that any patient able to walk, crawl, or be transported, and also all the orderlies, might be able to share this hospitality. The functions were a huge success and were greatly appreciated by all the men.

A department which is under the control of Floriana Hospital and officered by its staff is the Sick Sisters' Hospital. This was started originally on the 8th July, 1915, with fifteen beds, at a house situated about three minutes walk from the Parade Ground. An additional four beds were added on the 7th September; it was speedily found that this number of beds was quite insufficient and the next-door house was taken and an additional sixteen beds added on the 29th October. From the date of opening until the 31st September, 1915, 198 cases had been treated in this department of the hospital.

The religious welfare of the patients has been most ably looked after by the chaplains of the different denominations. For the Church of England, Holy Communion is celebrated every Sunday morning at 7 o'clock. Services are held every Sunday morning at 10.30 o'clock, and on alternate Sunday evenings at 6.30 p.m. These services are held in the concert hall, and are well attended by the nursing staff, orderlies and convalescent patients. For the Nonconformists there are services at the Wesleyan Church and the Presbyterian Church each Sunday morning and evening. To enable such as are able and desirous of

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attending the evening services, the six o'clock rule is relaxed, patients attending church being allowed out until 8.15 p.m.

There is very little to be added as regards the working of the hospital. From the start until January, 1916, we continued almost uniformly busy. The character of the cases varied at different periods very considerably, as for instance in October and November, 1915, when dysenteric affections were so rife. To meet this class of case, ninety beds nominally were set apart especially for them, but actually at one time we had nearly 300 cases of this class in at once.

From the time of opening until the 31st December, 1915, 4,822 cases were admitted to the hospital, and 4,240 were discharged.

ROLL OF OFFICERS WHO HAVE SERVED ON THE STAFF DURING PERIOD.

Major L. Rowse, *Commanding Officer.*

Lieut. Walker, J. B.
,, T. Griffen.
,, W. R. Hamilton.
,, E. P. Carey.
,, L. E. Hunt.
Capt. C. E. Hercus.
Lieut. N. Cameron,
,, A. K. Forbes.
,, J. Anderson.
,, R. Bright
,, G. B. Nicholson.
,, E. Griffiths.
,, Bonis.
,, L. W. K. Scargill.
,, A. Vella.
,, W. V. Coffin.
,, J. F. Adamson.
,, L. E. Sutcliffe.
,, R. J. Kee.
,, W. H. Kiep.
,, K. Gillies.
Lieut. J. T. Shepherd.
,, M. D. Eder.
,, T. P. Lavery.
,, H. W. Prentiss.
,, E. Coplans.
,, J. Clements.
,, H. Y. Riddell.
,, H. Spittal.
,, W. J. Arnold.
,, J. Buchanan,
,, J. W. Darling.
,, G. B. Brown.
,, Rees-Thomas.
Capt. Bruce.
,, D. H. Clarke.
Lieut. C. A. Gaviller.
,, A. G. Troup.
,, Simmons, G. A.
,, H. D. Duke.
,, J. A. Davidson.
,, L. M. Breton.

ROLL OF NURSING STAFF WHO HAVE SERVED DURING THE PERIOD.

Miss I. Carruthers, Q.U.A.I.M.N.S., *Matron.*

Miss J. Cairns, *Assistant Matron.*

Sister B. C. Harris.
,, K. Bowman.
,, S. Smith.
,, F. Campbell.
Sister E. Handford.
,, A. Holman.
,, A. Harrison.
,, E. Hodgkinson.

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Sister C. Forbes.	Sister F. Harper.
,, E. Downey.	,, M. Jolly.
,, E. Dodsworth.	,, A. Ellis.
,, M. C. Ghent.	,, J. N. Cracknell.
,, B. M. Chapman.	,, Banfield G.
,, B. E. Ormerod.	,, M. Fernihough.
,, H. M. G. Brook.	,, E. Davison.
,, N. Cleary.	,, E. Deadman.
,, A. Patrick.	,, N. Merriott.
,, M. Vialls.	,, E. C. Orchard.
,, E. Bleazby.	,, N. M. Stewart.
,, M. West.	,, F. Birch.
,, E. Widdowson.	,, E. Moriarty.
,, A. Perks.	,, A. Long.
,, C. Taylor.	,, Davis, R.
,, B. J. Bateson.	,, A. M. Hill.
,, E. M. Wrench.	,, L. Whittingham.
,, W. Riddle.	,, A. Beattie.
,, A. Gobey.	,, L. M. Green.
,, C. Robinson.	,, M. A. Sinclair.
,, G. M. Godchild.	,, H. Greenwood.
,, A. L. Hamilton.	,, H. Leonard.
,, J. Bath.	,, K. R. Sturt.
,, D. Cheverton.	,, H. Crockwell.
,, D. Hawkins.	

V.A.D.'s.

Nurse E. C. Warren.	Nurse M. D. M. Hearn.
,, A. N. R. Hearn.	,, N. K. Mortimer.
,, E. Stewart.	,, W. L. Prior.
,, F. E. L. Prior.	,, M. W. Carlisle.
,, D. M. Iliffe.	,, C. M. Gunn.
,, A. E. Scott.	,, K. F. Jones.
,, R. Drinkwater.	,, I. Waistell.
,, F. I. Pole-Carew.	,, M. Walmesley.
,, R. M. Figgis.	,, S. W. Butler.
,, I. Thomson.	,, G. Humphreys.
,, L. M. Hosford.	,, M. Kennerdy.
,, M. B. Glennie.	,, M. A. Storey.
,, E. M. Rees.	,, W. Millington.
,, M. Rodger.	

CASE REPORTS.

Boston University School of Medicine.

Professor Frank W. Patch submits the following cases which have been reported to the Department of Materia Medica of Boston University School of Medicine by upper class students working in the out Patient Department.

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The quality of the work, both in the taking of cases and in the prescriptions is an interesting commentary on the uniformity of results in the application of the law of similars whether applied by a beginner or a master.

It must not be supposed that the whole history as taken is here recorded, but only those leading symptoms which led to the indicated remedy.

CASE 1. Woman, 30 years of age.

History; Father dead; mother well; four brothers, three sisters, all well.

Had measles at twelve years. Always well, but not strong. Sedentary habits; eats simple food; no tea nor coffee; began menstruating at thirteen years, always regular, no pain.

Present symptoms: For over a month has had much gas in stomach, no pain, only feeling of fullness, frequent belching with no relief. No headaches, never nausea nor vomiting. Feels hungry but can eat only a little, as food causes feeling of fullness; wants clothes loose around waist.

Daily bowel movement; abdomen somewhat distended after meals but no pain, only soreness, tenderness; relieved by passing gas; worse from 4 to 5 p.m.

Lycop. 3*x* prescribed.

Patient seen again after two days; much improved. After one week medicine stopped, as patient felt well. Patient came again after five days complaining that gas was troubling her as before. *Lycop.* given same as before, for ten days. Saw patient one week after had stopped *Lycopodium*; she seemed quite well.

CASE 2. A man about 40 years old; about six feet tall and weighing 160 lbs; occupation, clergyman, single.

(Chest involvement.)

He suffers with sense of constriction of the chest, especially at night. There is considerable thirst; mouth dry and appetite poor. Vomiting not incessant but occurs shortly after drink. He likes cold drink.

The patient is disinclined to talk and somewhat

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irritable. The cough dry and with scanty and semi-solid sputum.

Treatment: *Phosphorus* 3x every half hour. Patient relieved in less than two days.

CASE. 3 Jan. 4th, 1916. Man; Age 42; born in Nova Scotia; has resided in the States for five years. Occupation, farming.

Father died of tuberculosis at age of thirty years. Mother still living, sixty-five years old.

Patient had measles when seven years old.

Habits: Drinks coffee, little alcohol and is a light smoker.

Present symptoms: Dry cough, voice slightly affected; thinks he has a sore throat; feels a tightening in the chest; worse in the evening. Vomited once or twice; does not like warm foods, but likes to take cold drinks and foods. Bowels occasionally constipated. Has lost fifteen pounds in six months.

Patient is tall, poorly nourished, narrow chested. On percussion there is dullness in upper posterior surface of left lung. There are some fine rales. Heart neg.; liver, spleen,; etc., neg. Pulse 80; Temp. 99.

Diagnosis: Tuberculosis of left lung.

Presc., *Phosphorus* 3x every three hours. Hygiene and diet corrected.

Jan. 11th, 1916. States that the cough is not so severe, voice slightly improved. Thinks he feels better.

Prescription repeated.

CASE 4. Boy 16 years old, student who worked quite a lot mentally. He complained of a gnawing pain in stomach, and opening and shutting sensation in brain, especially in occipital region.

Did not sleep very well and experienced a muscular soreness. Better when in a warm room. There was some photophobia and pain in eye balls.

Cimicifuga 3x one tablet every three hours was given, and the condition was relieved.

CASE 5. Woman, 60 years of age, presenting a dirty, nasty appearance; clothes shabby, stained and

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filled with grease spots. Skin presented an oily look with foul smell; bad smelling feet.

Complained of having early morning diarrhœa, driving her out of bed. Stools were loose and watery. Complained of an "all-gone" feeling in stomach about 10.30 to 11 a.m.

Burning sensation in top of head; this condition had lasted for a period of six to eight weeks before I saw her.

Presc., *Sulphur* 30*x*, one tablet every hour for four days, the second week one every two hours, and the condition cleared up in one week with no further disturbance.

CASE 6. Dec. 28th, 1914. Mrs. L. B. H.

Past history: one child living (five years) well. One miscarriage, one blue baby, one abortion; rheumatic fever eighteen years ago; accident, struck in back with brick. Carried arm in sling one year after accident. Hysterical; constipated, takes laxatives. Two weeks ago had a severe illness; tonsillitis (?) Temp. 104. Culture negative for diphtheria.

Present symptoms: Hands, knees and back of neck swollen and tender. Cervical glands enlarged. Pain in hands and back of neck; cannot turn head around without severe pain. Restless; dreads changing position but is better moving about. Better from warmth.

Rhus tox 3*x* given.

Dec. 29th, 1914. Rested well until 11 p.m. Was awakened by severe pains first in hands, then in neck. Swelling all gone, but cervical glands quite prominent. Temp. 99, pulse 93. Heart irregular. Mitral murmur not clearly transmitted.

Presc., Caulophyllum 3*x* (30 drops in a half glass of water) tsp. every two hours,.

Dec. 31st, 1914. No pain when still or from moderate exertion. Wants to stretch, but this brings back the pains. Ankles slightly swollen (this had not been investigated before). Temp. 98.6; pulse 80. No medicine.

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Jan. 2nd, 1915. Feels well. Discharged.

In addition to the above treatment the patient's joints were well wrapped to keep them warm, her diet was restricted, meat excluded and fruit and water given in abundance.

The case proved to be one of post-scarlatinal arthritis.

CASE 7. Woman, 43 years of age; married; Weight 97 lbs. (has weighed 130 lbs.); dark hair; muddy complexion; slim, straight and angular build; has long-standing pulmonary tuberculosis of fibrinous type. Right lung much involved and contracted; heart displaced to right about two inches; some morning cough but not very severe. Appetite and digestion were usually good; previously constipated but entirely corrected by diet and exercise. Has gained 12 lbs. in weight in past four months.

Had ordinary diseases of childhood; typhoid fever at about twenty years; one child, difficult delivery (forceps); lacerations, ultimate complete recovery; history of a curettement about six years ago; flow established at fourteen years, somewhat irregular until married, afterwards approximately normal.

Present symptoms: Gradually increasing menstrual difficulty with each period. Marked aggravation of all symptoms a week before and continuing for week after period (during past year).

Mental: Agreeable yet rather easy to take offense and to form dislikes; likes company; depressed during menses; weepy tendency, ameliorated by cheerful company and conversation. Easily influenced.

Head: Headaches of heavy, throbbing type, especially in temporal and frontal region, during menses, apt to be continuous and quite distracting; occasionally has slight vertigo upon rising.

Tongue: Apt to be coated slightly (white); breath a little foul.

Stomach: Appetite and digestion usually good but much impaired during menses; feeling as of "lump in pit of stomach"—a bearing "down feeling"; quite distressing.

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Abdomen: Occasional slight distension; occasional flatulence but not great; not constipated at present.

Pelvic: Heavy, bearing down pains with an all-gone feeling; weakness (excessive) in back, desire to lie down and keep quite (headache also). Considerable leucorrhœa, only slightly excoriating. Scanty flow.

Treatment: *Pulsatilla* was given during two periods, with marked relief of all symptoms. During the next period the symptoms came on as usual. *Pulsatilla* was given with amelioration of the head and gastric symptoms, but the pelvic symptoms continued and increased, viz., excessive weakness in back, heavy, severe, dragging down pains radiating from the loins. Pains shooting from the vulva to lumbar region, sharp and excruciating—a feeling as if everything would be dragged out of the vagina, must lie down and "keep tight." The mental state became more irritable and less responsive to persuasion.

Sepia was substituted for *Pulsatilla*. Marked relief followed in twelve hours; at the end of twenty-four hours she expelled a clot; a second clot was expelled at the end of forty-eight hours; this was followed by further relief and recovery from the period in about ten days.

Sepia was continued in reduced doses during the following interval. With the approach of the next period it was given in increasing doses, with the result that the patient had a period of about six days with little discomfort and few symptoms.

CASE 8. Girl, aged 19, was taken sick on Saturday morning; general malaise and headache all day. Felt hot; slight soreness of throat on swallowing. No history of exposure.

Throat red and dry; tonsils inflamed.

Skin hot, dry and burning.

Temperature 103.2; Pulse 96; Respiration 21.

Patient very restless and nervous; thought she was going to have pneumonia.

Aconite was given on Saturday night; Sunday morning, throat red and dry; slight irregular, yellowish-white deposits on left tonsil, in nature of film,

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easily removed; bad taste in mouth and foul odour of breath.

Temperature 101.6; Pulse 84; Respiration 20.

Diagnosis: Follicular tonsillitis.

Treatment: Proper diet and hygienic regulations; *Merc. hin.* 3x every two hours.

Patient improved. On second day temperature was 98, pulse 76, respiration 19, and patches on tonsil had almost entirely disappeared. On third day everything normal and patient was up, appetite returned and case discharged.

Throat was washed with a gargle of *Hydrogen peroxide* and water equal parts.

CURES OF CANCERS.

By J. H. Peterman, M.D.

(*Medical Advance.*)

A married lady, aged twenty-eight, came, having an open carcinoma on left breast. Seven years ago she had had it extirpated and healed up with ointments in New York. The mother had died with the same.

I decided on *Calc. ostrea* 30x; next month *Belladonna* 3x. General improvement in the breast and sexual organs. Third month, *Sepia* 6x; in three weeks *Nat. mur.* 30. Great improvement. *China* 3x had to be given for malaria.

Fifth month, *Aurum muriat.* 3x. No more pain; no discharge; sore had closed. Seventh month, *Graph.* 6x; later 30x. Ninth month, *Sil.* 30. By eleventh month all signs had disappeared; menstruation healthy; remarkably healthy generally. No sign of this now after forty years.

A married lady, aged twenty-four came in a very ill condition. Axillary glands hard like marbles; left breast full of nodes and very painful. Had been under treatment for a year. Physician gave no hope. Mother had died of cancer of womb under his treatment. The patient's womb was enlarged and hard; cervix scirrhus. Urine so offensive that she avoided going

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out. Constant pain in liver, stomach and back; constipation from childhood. Leucorrhœa day and night; very offensive.

Treatment began with *Merc. viv.* 6x; in third week *Hepar sulph.* 6x. After second month almost free from pain in breast; axillary glands normal. Then gave *Natr. carb.* 6x. This corrected the discharge; brought healthier urine, free of odour. Fifth month, *Sep.* 6x; in six weeks *Aur. mur.* 3x, *Bry.* 3x, *Sulph.* 30x and *Chelidorium* 3x were given intercurrently. This corrected the constipation and pain in liver entirely. Last remedy (at seventh month) was *Kali mur.* 6x. This was the last remedy. The cure astonished all who knew the patient. The former physician showed me noble appreciation.

A man, aged sixty; a whisky and tobacco fiend; had carcinoma on left cheek around the ear. The auricle hung only on the part above the meatus. The parts were black, crusty; discharging freely. I corrected his system with *Nux vom.* 3x and *Arsenicum* 6x. Next month, gave *Lapis albus* 6x; next moth *Kali mur.* 6x; then *Graph.* 6x; then *Silicea* 30x. After six months the ear was back to its place. The man was well.

Another man had epithelioma extirpated and healed up with ointment three years ago. Next year the same. Third year it had reappeared larger than before. I began with *Hepar sulph.* 6x; next month *Kali mur.* 6x; in six weeks *Phos.* 3x; *Sulph.* 30x; intercurrently; then *Graph.* 30x; then *Arsen.* 30x. After fifth month he was perfectly well.

CONIUM MACULATUM.

By Aug. Korndoerfer, M.D.

(*Hahnemannian Monthly*).

In the latter half of the eighteenth century Storck and many of his followers recognised the importance of *Conium* as a therapeutic agent, but their crude empirical methods led only to disappointment, its action proving uncertain and often injurious.

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It was reserved for Homœopathy, through systematic provings upon the healthy, to unfold a correct working knowledge of its wonderful curative powers.

Hahnemann included it among the antipsorics and looked upon it as an extremely valuable addition to our materia medica.

A careful review of its pathogenesis as given in his *Chronic Diseases* reveals many symptoms dependent, evidently, upon conditions affecting the internal secretions, a fact that adds confirmatory evidence as to the correctness of views advanced in a former essay upon the relation between the symptoms of hypothyroidea with its accompanying hypoadrenia and the chronic systemic condition denominated by Hahnemann, psora—thus affording confirmatory proof of the correctness of Hahnemann's views.

The field of action of *Conium* involves especially the nutritive functions, manifest in the general atrophic condition so commonly noted—but the nervous and glandular systems show the most marked local changes.

Useful as is *Conium* in some forms of acute disease, it is a remedy pre-eminently suited to chronic diseased conditions characterised by atrophy and premature senile changes, in which conditions it bears comparison with such remedies as *Ambra*, *Baryt. c.*, *Carb. an.*, *Iod.*, *Lycop.*, *Natr. m.*, *Sepia*, *Silic.* and *Sulph.*

Hahnemann's pathogenesis, supported by more than eighty years' experience of his followers, shows the following symptoms and conditions to be of paramount importance.

Hypochondriacal depression with indifference ; nevertheless in tumors involving the mammæ we usually find an apprehensive state of mind, a dread of malignancy of the growth. This is in harmony with the morose mood in which everything seems to impress the patient unpleasantly—and the anxiety as observed by Storck and Schmucker.

The indifference may be quite marked, the patient takes no interest in anything—disinclination for either business or study. Such persons also have an aversion to society, yet they dislike being alone (*Ignat.*) especially during the menses.

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Memory is weak, and there is an inability to sustain any mental effort.

Vertigo is frequently observed, especially when turning in bed, or when looking around; downward motion causes a sense of vertigo. In *Conium* this modality is more likely to occur in conjunction with symptoms of premature senile changes in the heart. Borax has aggravation from downward motion but it occurs more commonly during infancy or early childhood.

Women, during the menopause often complain of headache, as if the head were too full (*Aon.*, *Bryon.*, *Lach.*). Pain in the occiput with every pulse beat, as if pierced with a knife; or, shooting, or darting pains in the head. Falling out of the hair (compare *Ars.*, *Baryt. c.*, *Carb. an.*, *Graph.*, *Kreos.*, *Lach.*, *Lycop.*, *Silic.*).

Though not often called for in diseased conditions of the eyes, *Conium* has marked weakness of sight, we have weakened accommodation and consequently a sluggish adaptation of the eyes to varied range of vision. (*Gelsem.* and *Nux vom.* must not be overlooked in the more acute forms of this condition.)

We must also note aversion to light without any inflammatory symptoms. The symptom "objects look red" or "rainbow coloured" has proved characteristic.

Cataract following a contusion.

Heaviness of the eyelids—can scarcely raise the eyelids, "they seem pressed down by a heavy weight" (compare *Caust.*, *Chelid.*, *Ferr.*, *Gelsem.*, *Natr. sul.*, *Nux mos.*, *Nux vom.*).

Smarting pain at the inner canthus, with lachrymation.

Itching pricking at the inner canthus, not relieved by rubbing.

A characteristic modality is aggravation from artificial light—this often points to *Conium* in cases of students or others who suffer ill effects from excessive use of the eyes by artficial light.

Painful sensitiveness of hearing, noise startles one—often noticed in nervous women, otherwise good subjects for *Conium*.

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Accumulation of ear-wax, looking like chewed paper mixed with pus. *Conium* is seldom indicated in ear troubles except in chronic cases occurring in old people.

In asthmatic conditions, worse during wet weather and from slight exercise, especially when occurring in old, or prematurely senile patients it is especially useful. In such cases we have copious mucous expectoration with the cough.

In the bronchial catarrhs of old people for which *conium* is indicated, the cough is loose sounding, though often the mucus cannot be raised (*Arnic., Caust., Kali c., Laches., Sepia*). We must note also chronic cough with enlargement of the bronchial glands—as well as a tormenting cough caused by a dry spot in the larynx, worse on lying down—all of which conditions occur in old or debilitated patents.

Stitches through the right chest above the nipple with each inspiration; or sharp thrusts directly through the chest from sternum to spine are very characteristic.

Weak heart in the aged—pulse one moment full and regular and the next soft and irregular.

Among the less definite symptoms, yet worthy of note, we must mention: loss of appetite: ; flatulent distension of the bowels after taking even a small quantity of milk (compare *Ars., Cali c., Cinch., Cupr., Nitr. ac., Sepia, Sulph.*).

After eating, sour eructations or abundant empty eructations.

Nausea. Vomiting of black substances, looking like coffee grounds or of chocolate coloured masses, sour and acrid.

Violent pains in the stomach, two or three hours after eating (*Nux vom.*) but also at night.

Colicky pains with discharge of much flatus.

Emission of " cold feeling " flatus with rumbling and gurgling in the abdomen.

Heat in the rectum (not in the anus).

Burning in the rectum during stool.

Stitches in the anus, independent of stool.

Trembling weakness after stool.

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During micturition flow intermits, often occurs with enlarged and hard prostate—also at times in cases of hysteria.

Suppression of the menses.

Leucorrhœa acrid, burning ; preceded by pains in the abdomen.

These and many other general and consequently less characteristic symptoms often complete an otherwise more or less obscure picture.

As already suggested the most important field of therapeutic use for *Conium* is found in glandular affections, especially in glandular enlargements following contusions. The glands are intensely hard ; " stony hard," is the common expression. It matters not what the location, whether parotids, lymphatics, mammæ, testicles, ovaries, spleen or liver—the swelling and induration with stinging or lancinating pains, or, as occurs in some cases, simply an extremely painful sensitiveness to touch, point to the *Conium*. In marasmus the hard and swollen mesenteric glands often call for this remedy.

Conium has been highly lauded in scirrhus of the mammæ—and it surely has to its credit the removal of many scirrhus-like glandular enlargements though, as by reason of such non-surgical removal we have not been able to make a definite microscopic diagnosis, we cannot offer such proof.

About two years ago a case of mammary tumour in a patient who about three years before had one breast removed for a similar growth, and whose surgeon again urged operation, came under homœopathic care—after less than a year's treatment the tumour was entirely dissipated under the use of *Conium*.

I have seen similar results in many such cases, and, if neighbouring lymphatics are not involved, I always recommend a careful course of homœopathic treatment as preferable to the knife. *Conium* is frequently the indicated remedy, but usually must be continued for weeks before beneficial results become manifest.

The characteristic peculiarities are the extreme hardness of the tumour, the sense of weight of the part affected ; the darting, stitching or lancinating pains ;

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or, a painful sensitiveness of the swollen gland, worse before the menses; combined with the fact that the immediate causative factor has been a contusion.

Epithelioma of the lip, when consequent upon the pressure of the pipe, and characterised by burning and shooting pains in the lip and swelling and induration of the submaxillary glands should direct attention to the *Conium*.

Petechiæ, occurring in elderly persons suffering from marked debility.

Blackish ulcers with bloody, fetid, ichorous discharge, also gangrene, following contusions.

I need not emphasise the importance of the constitutional characteristics in all cases, to assure satisfactory results.

Finally, we must not overlook the hysterical condition that calls for use of *Conium*. Such cases manifest much mental depression, tearfulness, sudden loss of strength, fainting fits, globus hystericus, swelling of the mammæ which become hard and painful before the menses, dislike for society yet dread of being alone in combination with many other general symptoms.

Conium patients appear to improve from wine, or other alcoholic stimulants, though persons susceptible to *Conium* cannot, when in health, indulge in them.

Many symptoms appear while at rest, especially at night, and in periodical attacks. Symptoms are not relieved by sitting, yet patients desire to sit. Bad effects from suppressed sexual desire; as well as from excessive indulgence often call for *Conium*.

Many less characteristic symptoms might be noted, but the foregoing will usually prove sufficient to guide the choice.

COMPLIMENTARY DINNER TO DR. BURWOOD.

On Thursday, June 1st, a complimentary dinner was given to Dr. T. Wesley Burwood at the Imperial Restaurant, Regent Street.

There were present: Drs. E. A. Neatby, J. Weir, Reed Hill, J. Eadie, A. Sandberg, T. Stonham, R. Day, G. Burford, Dudley Wright, G. Goldsbrough, Byres

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Moir, J. Johnstone, Wynne Thomas, V. Green, G. Hey, G. Norman, J. Powell, Hall Smith, Leo Rowse, J. Greig.

Letters of regret were received from Mr. Knox Shaw, Drs. F. Woods, C. Wheeler, Pullar, Le H. Cooper, Storar, Blackley, G. Smith, Cash Reed, J. Clarke, T. Ord, Hawke.

Drs. J. Wilkinson and A. Eaton had accepted but were prevented at the last moment.

Twenty sat down to honour the guest of the evening.

After the loyal toast was drunk, Dr. Johnstone proposed the Navy and Army, referring to the magnificent way the Colonies had responded to the call of the mother country, from all parts of the Empire. He spoke of the medical men who were serving and of the sons out at the front.

Leo Rowse, who was in uniform, responded, and told of his work in Malta; while he was there, 80,000 patients had passed through the island. At first he had to do surgeon's duty, and was much relieved when Colonel Charters Symonds arrived.

The toast of the evening was proposed by G. Burford, he referred to the scientific paper on barometric pressure read at the Homœopathic Congress.

He was proud to shake hands with a man who had seen 300,000 patients. Burwood had avoided the lure of the specialist, but it was to the general practitioner and not the specialist that Homœopathy owes its triumphs. He thought our guest, now he had some leisure, might take up his pen and record some of his experiences for the assistance and benefit of others, he must have a storehouse of experience.

Reed Hill, an old assistant, mentioned his kindness of heart: patients who knew nothing of Homœopathy loved the man and never found him wanting. During fifty years he never gave a dose of morphia.

Toast sung with musical honours.

Dr. Burwood in reply, said he hardly knew how to thank his friends for the honour they had done him. He said what first made him a homœopath. He was a weakly child, and an allopathic doctor told his parents that he would never grow up. He was sent to a

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boarding school in 1850, and fortunately the master was a homœopath, and since then he had never tasted an allopathic draught or powder. Later on, he entered University College. Dr. Yeldham said "he is the man we want." He spent his vacations in doing locum for Homœopaths. He made mention of several of his asistants who had all done well :—William Reed Hill, Eaton, Macnish, Greig, and V. Green. He one day met Dudley Wright, and gave him a letter to Byres Moir to put him in the right way.

The memory of Hahnemann, proposed by Byres Moir, was drunk in silence.

Dr. Wynne Thomas proposed the next toast, making reference to the medical men at home who had treated wounded, V.A.D. hospitals, nurses from the L.H.H., Red Cross Ladies. How some also had spent their spare time in drilling with the V.T.C., and learning to use the rifle, and so fitting themselves to take their part in defending the country and so releasing others gto go to the front, also he greatly admired those specials who, through the dark and cold night spent dismal hours in guarding gas works, electric light stations and bridges.

Dudley Wright replied, and related some of his experiences in France, and how Homœopathy was not a bar to their working amicably together in helping to look after those who were wounded in the fight.

MERCURIAL POISONING FROM A VAGINAL DOUCHE.—Foskett (*Amer. Jnl. Obs.*, lxxii., 4) reports a case of acute poisoning and death from the use of a very strong solution of bichloride used as a vaginal douche, although pain was felt and treatment sought very soon. The case is instructive in showing the danger of advising patients to adopt methods of treatment without giving full instructions where there are dangerous poisons to be used. The physician who was consulted after the douche had been given apparently only ordered further treatment in the way of douching and ointments to be carried out by the patient on herself, as a result of which the initial poison was not removed. This goes to show the futility of self-administered vaginal douches for the purpose of removing discharge or other material from the vagina.

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HOSPITALS AND INSTITUTIONS.

TUNBRIDGE WELLS.

TUNBRIDGE WELLS Hospital and Dispensary have to record a serious deficit in income. It is true that these days are full of appeals for funds, and nearly all deserving ones, but we hope a special effort will be made to avoid curtailment of such admirable work as is done here. Dr. Grace has joined the R.A.M.C. and Miss Harris, the Matron, has resigned her position after years of devoted service. The new matron is Miss Parnaby. Twenty-eight soldiers have been treated in the hospital. Out-patients averaged seventy-eight attendances per week and 115 in-patients were treated. The results have been very satisfactory.

HÆMOLYTIC JAUNDICE WITH RECOVERY UNDER X-RAY TREATMENT.—G. Jona's (*Policlinico*, Rome, January, 1916 (Medical Section), No. 1, pp. 1-32) patient was a young man of eighteen, previously healthy, although living in a malarial region. In 1911, he began to feel weak and languid, with jaundice and with dyspnœa on the slightest exertion and the spleen became enormously enlarged. The diagnosis of acquired primary hæmolytic jaundice was beyond question, and while splenectomy was being considered, X-ray therapy was tentatively applied to the spleen. Improvement was soon apparent both in the general condition and the blood picture. After twenty-one exposures in forty-three days, the young man considered himself cured, and there has been no sign of recurrence during the three years since to date. In two months the reds had increased from 2,496,000 to 3,650,000, the hæmoglobin from 54 to 70 per cent. The spleen measured at first 34 by 19 cm.; at the close of the course 27 by 15, and on recent re-examination 15 by 9. Jona exposed the spleen from the front one day, from the left side the next day, and from the rear the third day, recommencing the series after a five days' rest. The exposures were each for ten minutes, with a current of 100 volts and 20 amperes. The tube was placed at a distance of 40 c.m. and a 1 mm. aluminium filter was used, with a medium hard tube. Jona cites the two cases of congenital hæmolytic jaundice reported by Parisot in 1913, in which marked improvement followed exposure of the spleen to the X-rays. He knows of no previous instance of benefit from X-ray therapy in the acquired form, but insists that X-ray therapy should be given a thorough trial, before splenectomy in all such cases.

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SOCIETY MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE British Homœopathic Society met at the London Homœopathic Hospital on Thursday, June 1st. After the preliminary business, Dr. Roberson Day showed a number of cases and photographs to illustrate the paper which he then read upon the Quinton treatment by Isotonic Sea Water Injections. The paper was an exhaustive survey of the nature and uses of the remedy and accompanied by the quotation of actual cases which were many of them very striking. There was only a small gathering, but some discussion of the paper followed, and Dr. Day briefly replied.

THE VALUE OF INOCULATION AGAINST TYPHOID.—We quote the following from the *Broad Arrow* :—The policy pursued by the Royal Army Medical Corps with regard to inoculation against typhoid is amply justified by the figures given by Mr. Tennant in the House of Commons lately. He stated that, from the beginning of hostilities to 10th November last, 1,365 cases of enteric fever were reported as having occurred among British troops in France and Belgium. Of these, 1,150 had been diagnosed after bacteriological examination. In 597 cases where there had been inoculation thirty-five deaths resulted ; when there had been none, 115 deaths, or more than three to one. Such a marked difference cannot be explained in any other way than by reference to the work of Sir Almroth Wright and Sir William Leishman, who were so loyally supported by some of the most famous scientists of the day. In the field the value of the policy they advocated was equally well understood, and was carried out with comprehensive thoroughness. Not only was every man who consented inoculated against the disease, but he was further protected against infection by the precautions taken with regard to sanitation, water analysis, and water purification. Then a careful search was made for 'carriers,' the technical term for persons who, while keeping well themselves, harbour the bacillus of enteric fever in their bodies, and so are liable to spread infection. In the handling of food they would be particularly dangerous, so that in the commisariat department, the search for ' carriers ' is always keen. To estimate the debt we owe to science and the splendid organisation of the Army Medical Service in connection with disease we have to compare the relatively small record of the present great war with the shocking records of wars of only a generation ago."—*Medical Press.*

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH MAY TO 15TH JUNE, 1916.

GENERAL FUND.

	£	s.	d.
Dr. A. Midgley Cash	1	1	0
Dr. Neatby	1	1	0
Dr. Byres Moir	1	1	0
Miss Burney	1	1	0
John Jones, Esq.	2	2	0
The Misses Wilson		2	6
Mrs. F. Richards		10	6
The Dowager Lady O'Hagan	1	1	0
E. H. Morton, Esq.	3	3	0
Mrs. E. H. Morton	1	1	0
Dr. F. W. Hayes	1	1	0
Col. Clifton Brown	5	5	0
Joseph Howard, Esq.	1	1	0
W. Lee Mathews, Esq.	1	1	0
Mrs. W. Lee Mathews	1	1	0
F. Ames, Esq.	5	0	0
Dr. J. Roberson Day	1	1	0
Dr. C. E. Wheeler	1	1	0
C. Fellows Pearson, Esq.	1	1	0
Dr. Arthur G. Sandberg	1	1	0
Dr. J. Wingfield	1	1	0
Dr. Eugene Cronin	1	1	0
S. R. Kearne, Esq.	1	1	0
Cruttenden Marten, Esq.		10	6
H. Manfield, Esq.	1	1	0
Miss Millett		5	0
Mrs. F. Claughton Mathews	1	1	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 21st June.

The cough of *Hyoscyamus* is sometimes the result of relaxation or inflammation of the uvula causing it to hang down and irritate the root of the tongue. Under their conditions the cough is usually worse from lying down, but often entirely subsides when the patient sits up. This also explains the " night aggravation " and the aggravation from eating and talking, symptomatic of the drug.

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EXTRACTS.

THE ODOUR OF PAINT AS A CAUSE OF PLUMBISM.*

By H. H. MOYLE, M.R.C.S., L.R.C.P. LOND.

I BELIEVE few cases of this form of lead poisoning have been known and recorded, and I am somewhat reluctant to commit myself to the above title, yet being fully alive to the very great difficulty sometimes met in detecting the source of the poisoning, I cannot but help feeling that the following cases are definitely due to the smell of paint only. The following is the history.

A man, his wife, and child occupied a cottage of two living and two bedrooms, all small, which early in October, 1915, was papered inside and thoroughly painted inside and outside, extending over about three weeks, the occupants living in the house as usual. The smell was commented upon at the time to one of the painters, eliciting the remark of "cheap tack and war time." At the end of November the man came to me complaining of vague feelings in abdomen, nausea, and feeling of discomfort after food which at the time I treated for dyspepsia with bismuth, etc., with relief. Some days later I was called to see the wife, who was suffering from abdominal pains. On entering the house the smell of paint was most noticeable.

On examination of the woman, nothing definite could be made out. Temperature and pulse normal, and she being of a somewhat neurotic temperament I decided that a little pain had been exaggerated and would be relieved if the bowels were opened. The same evening I was again called to see her. The abdominal pains were worse, and perhaps referred to region of gall-bladder more than another, yet they were more or less vague. No history of a previous jaundice and the appendix had been removed about eighteen months before. Temperature 99° F; pulse normal. Satisfied that there was no acute abdominal condition present I left *Haustus tr. opii* ½ dr for her. I saw the husband

* From *The Lancet*.

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at same time, found he had not been so well and had stayed in bed.

On the following day the woman's pains were decidedly better. Temperature and pulse normal. On examination of her mouth the teeth and gums were in excellent condition except for three—viz., upper canine and two lower bicuspids. The gums opposite these showed a definite blue line. I immediately examined the man's mouth and found a well-marked blue line not only on the gums, but on cheeks and lips which came into contact with gum margin.

The cases presented the ordinary symptoms of lead poisoning, that of the man being more severe than the woman. Now as to source of poisoning. Occupation: The man does not come into contact with lead at all while the woman in addition to her household work looks after railway crossing gates. Water-supply: Examination negative as to lead. Other fluids: Wife teetotal, man teetotal except for occasional glass of cider. Food: Negative to direct contact. Fuel: wood (unpainted) and coal. Usual china cups and plates, and nickel spoons, forks, etc.

As already remarked, the paint smelt very strongly and was rather sticky to the touch, even eight weeks after painting. I found the food had been kept in a small unventilated cupboard. With regard to actual contact with the paint by hands, this might occur in going upstairs to steady oneself (there being no hand-rail) by means of touching a wall and partition. Otherwise there was no reason to touch any painted surface. In the bedroom the bed was close up to the walls at foot, head, and one side. Two windows I have reason to believe were rarely opened.

In support of my title one knows that the illness caused by inhalation of paint odours is usually due to lead hydroxide acting on the oils and driers in the paint liberating deleterious aldehydes, and Murrell says: "Sleeping in a freshly painted room has been known to cause lead poisoning." I think that these two cases, living in a strong atmosphere of paint, and especially at night, being so close to recently painted walls, certainly were the victims of plumbism from a rather

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unusual source. It seems, therefore, that a poor drying paint (?cheap), especially with deficient ventilation, may cause this illness, and more particularly amongst those who occupy small rooms, and are thus brought into more intimate contact.

DOPE POISONING.*

By F. BARLOW, L.R.C.S.E., L.R.C.P.E., L.R.F.P.S. GLAS.

THE term Dope Poisoning is given to a definite train of symptoms affecting those engaged continuously in the final manipulations on the canvas of aeroplane wings. In the early days before the nature of the agent active in the production of this disorder, was appreciated, hoppers were erected above the part being doped. At present the rational method of ground-suction ventilation is proving much more efficacious, since this mode of action is based upon considerations of the essential physical characteristics of the noxious agent to be dispersed. Undoubtedly, in some of the cases seen, a certain part of the symptoms, especially in young girls, is of an hysterical-auto-suggested type, probably induced by the constant dread of this affection and the fact that they see fellow-workers, with whom they are daily in close association, continually falling out owing to this complaint. A vicious circle is thus very soon established unless from the very outset the matter is dealt with in a firm and skilful manner by the medical officer in charge. Discrimination between these pseudo poisonings and the true cases of dope intoxication, also the detection of those other cases in which there is a certain element of poisoning overshadowed by subjectively exaggerated symptoms, and to allot to each its true proportion in the special diagnosis of the case under consideration, may present great difficulty until the patient has been under observation for some time.

As a rule, the first complaint by a patient, that would direct suspicion of the case being one of dope poisoning,

*From *The Medical Press.*

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is a persistent pain in the back. This is aggravated by exertion or standing, and but slightly relieved by rest. The pain is usually worse in the day, progressing in intensity throughout the working hours, until towards the evening these patients have to interrupt their work at frequent intervals to rest. On examining the painful area of the back, it is found to coincide roughly with Morris' quadrilateral. There is no pain on light palpation, but deep pressure or dipping the fingers produces sharp lancinating pain. Examination of the abdomen and pressure in the hypochondriac and epigastric region generally shows nothing abnormal. Coincident with the onset of this pain in the back observant patients will state that they noticed the urine assume a darker hue progressing to a deep orange shade. If a specimen is examined at this stage albumin will usually be detected, and in many cases the Hæmoglobin test (*Guaiac* and *Ozonic ether* test) falls out positive.

Jaundice is also an early and progressing feature, but is, as a rule, of such gradual onset, that it is the friends of the patient who first notice it.

Constipation, less noticed by women workers, probably because with them this state amounts in many instances almost to a physiological condition, is an early and troublesome feature. Additional symptoms which gain importance by their aggregation are: nausea or even vomiting, often complained of after the first few weeks of work, vague abdominal pain, vertigo, tachycardia, breathlessness and a general feeling of malaise. If these workers are transferred from dope work at this stage and given employment which does not bring them into contact with any of the doping process or dope workers, all symptoms usually rapidly subside.

Almost all the dope workers say that their mouth or throat feel dry and sticky, and complain of a persistent taste which they compare to the smell of the dope. The mucous membrane of the buccal cavity and nose has a pale and dull appearance and the saliva and nasal secretion is of a greater consistence than normal.

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Since there is no precedent to guide one in the treatment of dope poisoning, the following method seems at present to be the most satisfactory. Its object is alkaline saturation of the tissues. Many of the most alarming and troublesome symptoms have a marked resemblance to those met with in cases of acidosis. Whether this similarity is essential or fortuitous I cannot say, but it certainly is quite remarkable in some instances. The patient is put to bed between blankets, and, since a feeling of chilliness is usually complained of, hot-water bottles are placed at the extremities. A dose of *Calomel* combined with *Bicarbonate of soda* is given, followed by a saline. An alkaline mixture of the following type is exhibited :—

℞ *Sod. bic.* oz. i.
Mag. carb. poud. dr. ii. gr. 40.
Bismuth carb. dr. ii. gr. 40.
Tr. Bellad., dr. ss.
Tr. Nuc. vom., dr. i. ss.
Paraff. liq., q.s.
Aq. chlorof. ad. oz. viii.
Sig. Oz. i. T. W. S.

Unless albuminuria is a marked symptom, a small dose of *Calomel* is given daily for four or five days.

The diet consists of milk, milk and soda water, and any of the well-known malted foods (Benger's, Allen and Hanbury's, Horlick's Malted Milk, etc.), pure flavoured gelatine, but no meat jellies. The patient is encouraged to drink large quantities of water, preferably as hot as can be taken in sips. The water can be made palatable, so that large quantities can be taken, by a pinch of salt or a clove dropped in if hot, or a slice of lemon or orange if cold. Barley water freshly prepared, weak tea, or imperial drink can be added, but no coffee, cocoa or alcoholic beverages are allowed. Free daily evacuation of the bowels must be procured.

The patient is kept in bed until all the symptoms have subsided. Under this *régime* the patient usually recovers rapidly if the case is seen early enough.

The preventive measures that suggest themselves are :—

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1. A thorough downward ventilation, especially active immediately below the place where the doping is done.

2. Roomy, but not necessarily lofty workshops.

3. Impermeable gloves to be worn by the workers during the time they are engaged in doping. The hands to be washed with spirituous or etherial soap (special attention to scrubbing the nails) immediately after working with the dope.

4. Daily inspection of the hands of workers, especially before meals.

5. Prophylactic daily dose of some alkaline mixture.

6. Cessation of all dope work upon complaint of any characteristic symptom.

In conclusion, it is interesting to note that women workers appear to suffer more frequently and severely from this affection than men. Whether because there are a greater number of women employed in this manner than men, or because men are more resistant is difficult to say, There is also a great difference in the susceptibility of individuals.

ARSENICUM ALBUM.—Discharges are of corrosive mucus; midnight, fatiguing, suffocative cough with violent dyspnœa. The cough is always aggravated by drinking and by free, cold air. There is apt to be palpitation and rheumatoid pains associated with irritability. If the patient be calm or indifferent, or has strong reactive powers, *Arsenicum* is not the preferable remedy. It is a remedy for the irritable and the asthenic.

If there be dyspnœa, lack of recuperative power, cyanosis, failing of strength, a disposition to cough and expectorate with inability to fully accomplish the act, aggravation from lying down, from eating, "clogging up," as indicated by sub-crepitent rales all over the chest, and drowsiness without irritability, consider *Antimonium tartaricum;* it may be the remedy.

Infrequency of cough with lungs full of mucus, patient becoming drowsy and cyanotic are clear indications for *Antimonium tartaricum*. Give it with confidence, a five grain powder on the third day may be dissolved in a half glass of water; teaspoonful every half hour, hour, or two hours. Babies may have little pills of the drug dropped singly into the mouth every few minutes. The *Antimonium tartaricum* patient has slight, *Ipecac.* patient good, reactive powers.

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REVIEWS.

THERAPEUTIC BY-WAYS.*

THIS is one of the most entertaining among the smaller books on Homœopathy which we have seen. Under headings of various diseases are collected numbers of therapeutic hints, which are veritably gathered in by-ways. They are hardly ever familiar, but all are the result of genuine experience and the recommendations are precisely of the kind to help out the physician when the more obviously indicated remedies fail. Homœopathy inspires eighty per cent. or more of the book, but no therapeutic experience is despised. We can promise the readers of this volume instruction and entertainment.

HYOSCYAMUS.—"Dry cough, more violent at night, especially in a recumbent position, ameliorated when the patient sits up, with a tickling in the larynx or bronchi; or spasmodic cough, with redness of face and vomiting of mucus."—*Jahr.*

PROPHYLAXIS OF FROSTBITE.—G. Galli (*Policlinico*, Rome, January 2, 1916, No. 1, pp. 1-36) expatiates on the importance of keeping the circulation active in the feet to ward off frostbite, and emphasises the importance of pre-disposing factors such as sluggish circulation in general. He warns that men of this type should not be sent to the especially exposed posts. The right man in the right place is one of the great secrets of military success. Fatigue also is an important factor in rendering the circulation sluggish and he urges frequent changing about and relieving of the men. Those particularly exposed to frostbite should be given amply large boots with nothing to lace. The walls of the vessels in the legs may be toned up by daily rubbing with snow, the vasomotor nerves thus learn to function better. Hot coffee is a powerful tonic for the circulation, and is extremely useful for the men at particularly exposed points. Where this is not available, some drug might be taken for a heart tonic, such as a pill of *Caffein* with extract of *Strophanthus*.

* *Therapeutic By-Ways.* Being a collection of therapeutic measures not to be found in the text books collected from all sources. Condensed and arranged by Dr. E. P. Anshutz. 195 pages. Cloth, 5s. net. Philadelphia, Boericke & Tafel, 1916. Homœopathic Publishing Co., London, 12, Warwick Lane, E.C.

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CORRESPONDENCE.

[To the Editor of the "Homœopathic World."]

Denholme,
Hawick,
Scotland.
June 9th, 1916.

Dear Dr. Wheeler,—I have your letter and in reply I give you a quotation from the Sydenham Society's *Life of Hippocrates and His Works*, p. 19. "His theory of medicine was based on the physical philosophy of the ancients, more especially on the doctrines then held regarding the elements of things, and the belief in the existence of a spiritual essence diffused through the whole works of creation, which was regarded as the agent that presides over acts of generation, and which constantly strives to preserve all things in their natural state, and to restore them when they are preternaturally deranged. This is the principle which he called *Nature* and which he held to be a Vis Medicatrix. 'Nature,' as he or one of his immediate followers says, 'is the physician of diseases.'

"Though his belief in this restorative principle would naturally dispose him to watch its operations carefully, and make him cautious not to do anything that would interfere with their tendencies to rectify deranged actions, and though he lays it down as a general rule, by which the physician should regulate his treatment, 'to do good, or at least no harm,' there is ample evidence that on proper occasions his practice was sufficiently bold and decided."

From that I think you will see that Hahnemann is somewhat at fault at what he says about the "Vis." However, what I would like the profession to learn is that it is wrong food that is the cause of disease, and that the physician must in the future pay more attention to the physiological than the chemical constitution of food. Then in the treatment of Diabetes, I had a sample of *Sanogen* sent me, and tested it. It is founded on chemical constitution, but physiologically it is a dangerous article, and it is the

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same with Hovis and Turog bread; both are worse than plain whole Wheatmeal. I wish you would get "provings" of our common foods, and let your readers know them.

Hoping you will send me your journal in which anything I write appears, or any criticism of it, so that I may help our advance in the way of prevention,

I am, yours truly,

JOHN HADDON, M.D.

P.S.—If I am right, if food is the chief cause of disease, let us know more of it. I wish you would look into Sprengel's *History of Medicine* and tell what the Egyptians thought. I see it referred to in *Hippocrates*. I believe they knew more about food than we do.

VARIETIES.

CARDIOPATHIC HEPATITIS.—Heinrichsdorff (*Deutsche med. Wochenschr.*, No. 8, 1915) has been led by his anatomical-histological examinations to the following conclusions: During heart disease the liver is not only secondarily implicated through the stagnation in the circulation leading to compression of the parenchyma, but also primarily in this way that the cardiac poison is at the same time a hepatic poison which leads to a central acinus-degeneration and inflammation of Glisson's capsule. To this liver disease combined with heart disease he gives the name of cardiopathic hepatitis, to differentiate it from the mechanically caused engorged liver. The acute cell degeneration occurs in various forms: as central fatty degeneration, as such combined with hæmorrhagic necroses and as coagulation-necroses through closure of vessels. From these the chronic forms develop, characterised by a more or less pronounced increase of the connective tissue: the fibrosis hepatis. The proliferation of connective tissue naturally takes its starting point from the central vein, in the proximity of which the primary cell degeneration is situated. But as the latter often extends to the neighbourhood of the periportal sheaths and the same are not infrequently inflammatorily infiltrated, it is in the majority of cases a question of a proliferation of the periportal connective tissue. As a general rule, the typical grouping of the liver parenchyma is not disturbed, but occasionally a partial deformation of the liver structure is brought about by very strong and above all irregular proliferation of connective tissue, very similar to the kind that we meet with in the alcoholic liver cirrhosis, although,

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of course, much more extensive. The two components of the cardiopathic hepatitis—stagnation and toxæmia—are not only present when the heart and liver become affected simultaneously from the same cause, but they are also present in cases where a toxic liver affection is accompanied by diseases of other organs that only secondarily implicate the heart. Hence we find the same condition of the liver also in tuberculosis of the lungs and in diseases of the vessels and kidneys.

An Unusual Case of Persistent Urachus.—Cohn (*Deutsche med. Wochenschr.*, No. 31, p. 933, 1915) describes such a case in a man aged twenty-nine, who gave the information that after some weeks of hard work he noticed a bulging forward of the umbilicus; it gradually became moist, especially after a fall from the horse. On examination the expressed fluid was found to be urine and a sound could be passed down a fine canal extending for some cm. in the direction of the bladder. The illumination of the bladder showed a normal mucous membrane, on its anterior surface near the summit there was a broad transverse fold. The X-Ray picture of the bladder filled with a fifteen per cent. solution of Collargal revealed a peculiar change of shape, a pear-shaped prolongation of the summit of the bladder, reaching almost to the umbilicus. On interrogating the patient he stated that as a new-born child he had for some time suffered from a leaking umbilicus, which had been cured by cauterisation. Such an arrest of development can be put down to the formation of adhesions during the development of the sinus urogenitalis in the urethra. Ninety per cent. of all cases occur in men, as the development of the urethra in the male gives more occasions for the formation of adhesions than is the cases in the female. Luschka found that the plica umbilicalis media almost always contains the indication of a canal. In this way may be explained the occurrence of a urachus persistens in later life, after strictures of the urethra during gonorrhœa or as a result of retention of urine in prostatic patients. The urachus can also lead to cyst-formation by a remnant being cut off above the bladder. Lichtheim observed ectopia of such a segment of the urachus. In mild cases a compression-bandage of the umbilicus leads to recovery, in later life the insertion of a permanent catheter. Permanent cure can only be expected from surgical intervention; the urachus is laid bare down to the bladder and a piece of it between the umbilicus and the bladder is ligatured and excised.

Medico-Social Work.—Every hospital physician or surgeon has felt how much his work suffers by his inability to keep in touch with his hospital patients once they have left his wards. An attempt to keep up a relation between a hospital and its past patients is being made in certain of the American hospitals, and an interesting account of the work done by the medico-social department of the Boston City Hospital is given in a recent number of the *Boston Medical Journal*. This department was started by a committee of honorary workers, whose duties were

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to visit patients after their discharge, to see that out-patients attended the dispensaries at regular intervals, and, where necessary, to make use of various charitable institutions on behalf of these patients. This visiting scheme is obviously of great use to the patients, particularly where hospitals are ill supplied with convalescent homes. The hospitals are benefitted in two ways: the patients may often be discharged sooner than would otherwise be possible, and the following up of these cases becomes a comparatively simple task. The importance of this work has been so fully realised that a number of other great hospitals in America have established medico-social departments, and it is stated that the financial support of the work may soon be undertaken by the hospital boards themselves. An extension of this scheme to our hospitals would be of great value. We all have to deplore the disappearance of our patients as soon as they are discharged, partly because we would like to see the after-effects of our treatment, and also because the treatment will often be of little avail if the patients return immediately to their former mode of life. When the war is over there will be thousands of women who have for the first time tasted the joys of regular occupation. Perhaps some members of the V.A.D.'s may take up this more prosaic work for the hospitals later on.—*Medical Press.*

ALBUMIN FROM THE AIR.—Boruttau (*Deutsche med. Wochenschr.*, No. 31, 1915) points out that yeast contains a high value of albumin (40 per cent. of its dry substance is pure albumin). Yeast may be obtained in pure cultures from sugar and salts of ammonia, and it is therefore possible to obtain from sugar and the nitrogen of the ammonia a considerable quantity of albumin. But for the manufacture of ammonia the nitrogen of the air may be used. It is therefore possible to "obtain albumin from the air." As yeast increases with tremendous rapidity on sufficient nutrient media at the incubation temperature, it will be possible to obtain during a few hours as much albumin as may be obtained during months after sowing and reaping a field. It is true that in this way sugar is being used up, which in its turn is a product of the beetroot, which also contains nitrogen in the form of albumin. But with the assistance of mineral nitrogen more albumin may be obtained from sugar and this synthesis is independent of agriculture and the weather.

THE PITUITARY GLAND IN DIABETES MELLITUS AND OTHER ENDORCINE DISORDERS.—The *Medical Record* of November 13th, 1915, well says that diabetes is nowadays regarded generally as a disorder of multiple étiology. It is a variable symptom-complex dependent upon disease of one or more of the organs of internal secretion. This conception has been based partly on clinical observation and partly on experimental investigation. Until recently the pancreas was the chief centre of interest in the study of the problem of diabetes, but latterly attention has been shifted mainly to the pituitary gland. That the posterior lobe of this organ plays an important part in carbohydrate metabolism has

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been demonstrated by Goetsch, Cushing and Jacobson; while the last two observers, in conjunction with Weed, have shown that electrical stimulation of the pituitary gland causes glycosuria, even when this organ is severed from all nervous connection with the abdominal organs.

The next point of attack has been the study of the histological changes occurring in the pituitary gland in diabetes and in other disorders of the organs of internal secretion. This investigation has been carried out by H. J. B. Fry. (*Quarterly Journal of Medicine*, July, 1915). The post-mortem material available for this research comprised eight cases of diabetes mellitus in which disease of the pancreas was also demonstrated, three cases of acute pancreatitis, one case of carcinoma of the pancreas, two cases of myxœdema, one case of cystic goitre, one case of Addison's disease, and two cases of hypertrophied thymus. The most important result of this study was the demonstration of definite histological changes in the anterior lobe of the pituitary body in cases of diabetes. These changes consist in the presence of adenomatous masses of eosinophile cells, colloid invasion of the anterior lobe, and areas of cellular degeneration. In cases of acute pancreatitis and carcinoma of the pancreas histological changes in the pituitary are absent or slight. In myxœdema there occurs in the pituitary an increase in weight resulting from an increase in the connective-tissue elements and a hyperplasia of the chief cells. In goitre there is a hyperplasia of the chromophile cells, especially of the eosinophilic cells, and an increase of colloid material in the interglandular cleft. No histological changes were observed in the pituitary gland in the case of Addison's disease or in the case of status thymolymphaticus.

Fry presents a tentative explanation of the activity and mode of secretion of the pituitary gland. He states that the eosinophilic and basophilic cells are derived from the chief cells by the formation of zymogen granules. The granular cells represent a stage of active secretion, and glandular activity is greater towards the centre and posterior border of the anterior lobe. From the granules is formed the colloid which is temporarily stored in the interglandular cleft, and thence passes into the posterior lobe and infundibulum and gains access to the cerebrospinal fluid. The hyaline and granular bodies are derived from cells of the anterior lobe which have been carried into the substance of the posterior lobe in the process of development. It is upon these cells that the call for increased secretory activity first falls. Colloid in the interglandular cleft is then utilised, and if there is an over demand upon the secretory activity of the anterior lobe, colloid may invade the posterior part of the latter and the cells themselves become rapidly converted into colloid, until finally areas of atrophy of the cells appear. The question is still undecided whether the posterior lobe activates the colloid in its passage, or adds some specific secretion of its own, or acts merely as an indifferent supporting structure.—*Therapeutic Gazette.*

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

British Journal of Surgery (The). Vol. III., No. 12. April, 1916. 4to. swd. J. Wright. Net 7s. 6d.

Coleridge (Stephen). Vivisection : A Heartless Science. Cr. 8vo, pp. 254. J. Lane. Net. 5s.

Davidson (James Mackenzie) Localisation by X-Rays and Stereoscopy. Royal 8vo, pp. 84. H. K. Lewis. Net 7s. 6d.

Keogh (August). The Respiratory Exchange of Animals and Men. 8vo. Longmans. Net 6s.

Medical Annual (The). A Year Book of Treatment and Practitioner's Index, 1916. 8vo, pp. 1,032. J. Wright. Net. 10s.

Pearl (Raymond). Modes of Research in Genetics. Cr. 8vo. Macmillan. Net 5s. 6d.

Pitts (Arthur T.). The Care of the Teeth. With Twenty Diagrams. Methuen's Health Series. Cr. 8vo, pp. 118. Methuen. Net. 1s.

Shuttleworth (G. E.) and **Potts** (W. A.) Mentally Deficient Children ; Their Treatment and Training. 4th ed. Cr. 8vo, pp. 304. H. K. Lewis. Net 7s. 6d.

Simon (Charles E.). Infection and Immunity. 3rd ed., revised and enlarged. 8vo, Baillière. Net. 14s.

Wallace (Robertson). Nervous Disorders of Modern Life ; Their Nature, Prevention and Cure. Cr. 8vo, pp. 176. Newnes. Net. 2s. 6d.

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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowen, Putney Hill, S.W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Hughes, Honduras—Dr. McCandlish, Northampton—Dr. Wynne Thomas, Bromley—.Mr. Franklin, Salonika.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med.Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

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THE

HOMŒOPATHIC WORLD.

AUGUST 1, 1916.

JAMES TYLER KENT.

WHEN we consider the task that the believers in Homœopathy have undertaken during the last hundred years, and the extraordinary difficulties put in their way by bigotry, prejudice and established (though in this respect ignorant) authority, the results achieved are in the highest degree praiseworthy. It is not only that the followers of Hahnemann have had to continue the master's work by extending knowledge of drugs and the best modes of their application for the cure or relief of sickness. Important as this work has been and is, enormous as have been the difficulties in the way of a scattered and overworked band, hampered by their isolation, yet acutely conscious of the new conceptions of science claiming the revision of work already done, yet both the new homœopathic work and the revision of the old have been but a part of their labours. Homœopathy is concerned alone with the medicinal uses of drugs and a century which has seen incredible changes in all branches of the medical and surgical science and art, has demanded of homœopathists a constant effort to keep in touch with the new developments and thereby prevent our distinctive name from coming to mean a physician acquainted with materia medica but with little else. All this has needed endless devotion and

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labour, rendered more difficult by the opposition and contempt of the dominant school. Yet it had to be done and done well, and we can never be too grateful for those who have kept our school in the main current of medical thought. But, as was inevitable before a task so complex, some division of labour according to temperament and ability has occurred and (as was not inevitable but very human), a certain friction between the workers at the different duties. Both were and are essential and we are glad to believe that the friction lessens and a greater unity comes from a wider outlook. To-day, we are all physicians first and believers in Homœopathy second, and do not find our faith in our distinctive beliefs the less firm or valued for this attitude of mind.

To-day, however, we lament the loss of one of the very greatest of those, the more direct descendants of Hahnemann. His long and successful life has made perhaps a greater contribution to Homœopathy than that of any man since the master died. Others have grasped the conceptions as firmly and founded as sure a practice upon them, but few have expressed the conceptions as clearly, and Dr. Kent's work will live in pupils and pupils of pupils when his personal successes are forgotten. His influence is to-day co-terminous with Homœopathy. His teaching has been a vital stimulus to many and it is significant of much that (in England at any rate), it appeals to the inquirers among the dominant school with a force that hitherto no aspect of our doctrine has possessed for twenty-five or thirty years. We cannot sufficiently honour his labours and his single souled devotion. A pioneer in therapeutic ways his work has yet to

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endure the strain of time, but inasmuch as, like Hahnemann, he looked ever to experiment, his labours will be fruitful whether fully confirmed or partly refuted by the knowledge of the future. The most we can hope to do is to glimpse some aspects of the truth.

No man sought truth more diligently than Dr. Kent, few have brought a finer mind to the particular therapeutic task which he set himself, few have had a greater measure of success in explaining and displaying it. We mourn the loss of the man, but his work remains, a present reward and a stimulus to further labour. Much in his teaching has been misconceived, much has suffered from facile enthusiasm, and equally facile condemnation. But the glory of it lies in its constant appeal to fact rather than to theory and the weapons of his forging are weapons for daily use. We honour him best by accepting his appeal to experiment: out of the multiplication of trials will emerge a reasonable conviction and no scientific spirit should refuse the test or shrink from its result.

Honour the memory of James Tyler Kent by our work and the spirit in which we do it!

EMETINE IN PSORIASIS.—An accidental experience with *Emetine hydrochloride* leads a writer in *Therapeutic Notes* (November, 1915, p. 131) to believe that this remarkable remedy exerts a favourable influence upon psoriasis. The first case received a half-grain of *Emetine hydrochloride* by hypodermic injection for a severe alveolitis. Soon after the injection the skin manifestations, which were, of course, of longer duration, began to disappear. Three cases of psoriasis have been treated with *Emetine* with highly satisfactory results. Even the most experienced dermatologist has often had to confess himself defeated by psoriasis. Here is a new idea which is worth putting to practical tests.

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NEWS AND NOTES.

Death of Second-Lieutenant A. Mason.

It is with the deepest regret that we announce the death of the second son of our colleague Dr. Mason, of Leicester, at the front. At only twenty years of age, a career of the brightest promise is thus cut short. Not all the terrible frequency of such tragedies to-day, and not all our deepest sympathy can avail to mitigate the blow to his father's heart, but all that our own love and respect for our colleague and our pride in the young life so freely given can do to help is offered we know, by all our readers. "Not all our tears O friend, can make death plain or make life durable," but courage and faith are better things than durability and the mystery of love is deeper than the mystery of death.

Homœopathy at the Front.

It is interesting to get, as we do, frequent evidence that many men who are familiar with elementary Homœopathy in the army, find ample opportunities for treating the minor ailments of active service. Their success in so doing is equally clear and we hope they will be able to keep a brief record of their experiences.

Uses of China.

Dr. Ray, writes from India to praise *China* 30 as an anthelmintic of great value in cases of lumbrici. Also he quotes the successful use of the same drug in three cases of cholera.

Tuberculin.

Experience in the use of this agent is always of interest. The following is from Dr. Coleman, and taken from an article in the *British Medical Journal* :—

"*Tuberculin* is an important aid to diagnosis,

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whereby we can be positive in cases where without it we should still be in doubt. It is in discovering tubercle in its early curable stages that our chief hope lies in dealing with a disease whose annual death-rate is equal to seventy-five per cent. of our total killed for the first year of war. I am aware that some hold the use of *Tuberculin* for diagnosis to be risky, but their reasons when examined do not convince; the ability to diagnose tubercle in its early stages is of such paramount importance that even if there were some slight risk it would be justified.

"We are told that the injection may stir up latent trouble, but we should not test a perfectly healthy individual, and, if tubercle be found, is it not reasonable to suppose that it is at the root of the trouble which caused the patient to consult us, and not really latent at all? It is just this "stirring up" of an existing tuberculous focus that is such a valuable aid in diagnosis, often enabling us to localise the trouble. This "focal reaction" clinches our diagnosis. It soon subsides, and in a few days the patient is better than before.

"It is also frequently stated that nearly every one would react to *Tuberculin*. I have personally found this is not the case. When we consider the large number of people who have tuberculous trouble at some time, and overcome it, it is not at all surprising that a positive reaction is so often obtained. No doubt, many of these early cases would get quite well without special treatment, but if treated, we may be fairly safe in saying that nearly all will recover.

"In employing *Tuberculin* for treatment, it is most important to have the patient's temperature taken regularly, as this settles the dosage. A marked rise would lead one to repeat the last dose or only slightly increase it; further, no dose should be administered until the reaction set up by the previous one has quite subsided.

"Provided no mixed infection is present, *Tuberculin* can be administered to a patient with fever so long as the temperature has been noted for a few days pre-

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viously, in order that we can recognise a reaction on the chart.

"The dose is usually increased by fifty per cent. each time in cases showing no, or only slight, reaction. I begin usually with $\frac{1}{10000}$ c.cm., and have safely worked my way up to a dose which, if given at first, would have produced a startling reaction. I begin with two clear days' interval, and slowly extend, as the dose increases, to some weeks when using undiluted *Tuberculin*.

"A question of great importance is the matter of mixed infection, and I believe that most failures are due to this not being recognised. I have had some of my best results by combining Dr. Curle's nascent *Iodine* treatment with B.E. I believe the *Iodine* acts on the adventitious infection, and the B.E. then has a fair chance with its own bacillus. I have also known good from the use of a vaccine made from the adventitious organism along with *Tuberculin*.

"Though many of our cases are past being cured, yet by the use of *Tuberculin* we can very much delay the progress of the disease.

"Another very important point we find in treating a patient with *Tuberculin* is that the sputum becomes less infective, the tubercle bacillus often completely vanishing, even though from symptoms and physical signs, we know the disease has still a strong hold. This is of great value in preventing the spread of infection.

"Some fear giving *Tuberculin* in cases with hæmoptysis; I have never known harm follow. In dealing with a number of advanced tuberculous patients a certain proportion will have hæmoptysis, and if we treat them with *Tuberculin* we shall still have some instances, though fewer, and these occur in spite of the treatment, not in consequence of it. If the dose given to a patient were largely increased and a severe reaction produced, hæmoptysis might be caused, but the fault would be not with the remedy, but with the method of employing it."

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Homœopathic Educational Statistics.

Our American colleagues in Pennsylvania take a just pride in the following figures. Our readers will certainly approve this feeling and share it: —

Examination Results.

The relative percentage of failures in each of the Pennsylvania Medical Colleges were as follows:

	Per cent.
Hahnemann Medical College of Philadelphia	0.0
(Nineteen examined, all passed.)	
Non-Homœopathic. University of Pennsylvania	6.6
Women's Medical College of Pennsylvania	6.9
Jefferson Medical College	7.8
University of Pittsburgh	8.3
Medico-Chirurgical College, Philadelphia	12.3
Temple University	18.2

Experiments with Drugs.

Dr. Hinsdale claims to have shown the power of *Opium* 30 to relieve the pains of lead colic (artificially produced in dogs) within fifteen minutes, an interesting demonstration of the power of a high potency and its speed of action.

Correspondence Extracts.

We take the following from a letter of Mr. Stanley Franklin who is with the Y.M.C.A. at Salonica. In their different spheres we think they will interest our readers.

"As to the pronunciation of Salonica. As you saw, my last reply was a base evasion, but I have cleared up the matter now, I think, I applied to some Jew friends first, whose mother tongue is Spanish. They said 'Salonique' was right (Saloneek). Then an English-speaking Greek-manager of the Nestos Cigarette factory told me this morning that Greeks always said 'Saloníki, or when great precisians, Thessaloníki.'

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So that when we Anglicise it into Salonica I agree that we should say Salonica. But I never hear anyone do so, and a companion of mine on this camp (now in the Fifth Canadian Hospital for the second time with quinsy) published a poem (?) with 'Salónica, Salónica, the shadows walk Salónica' as a first line. For all that, it's wrong.

"You will be glad to hear that the *Emetin hydoch.* 2x, has worked wonders in diarrhœa with colicky, abdominal pains and sense of nausea. I wish I dared put on paper what it has done."

NATIONAL NERVES.—We have, on one or two occasions, since the outbreak of the war, commented on signs of "nerves" which threatened to interfere with the cool judgment so necessary in a time of national danger. These signs have been more or less intermittent, and have not, we think, been evidence of any deep-seated disease. The recent Zeppelin raid on the Midlands has, however, caused some recrudescence of symptoms of nervousness which should not be fostered. It is with some interest we note that the *Spectator*, in its last issue, deals with the matter from much the same standpoint as ourselves. In an aritcle entitled "The Neurasthenic Press," it shows the inherent morbidity of the conduct of certain newspapers. Quoting from some medical work in its description of neurasthenia, the *Spectator* finds the description "positively uncanny in its application." We cannot do better than quote the paragraph:—"In the first place, we are told that the symptoms of neurasthenia are as follows: (1) A general feeling of malaise 'combined with a mixed state of excitement and depression'; (2) Vertigo and 'a transitory clouding of consciousness'; (3) 'Weakness of memory, especially for recent events'; (4) 'Morbid heatings, flushings and sweats.' Next we are told that neurasthenia shows many strange and peculiar symptoms, such, for example as, *Batophobia*—fright of things falling.' Further, there are to be observed 'mental ruminations,' in which there is a continuous flow of connected ideas from which there is no breaking away. Sometimes, too there is '*Arithmomania*'—an imperative impulse to count (*cf.* the persistent effort of the group of newspapers in question to add up the German losses). Again, neurasthenic cases 'often exhibit a marked emotionalism and readily manifest joy or sorrow; they may be cynical, pessimistic, introspective, and self-centred, only able to talk about themselves or matters of personal interest, yet they frequently possess great intellectual ability.'" We entirely agree with our contemporary.

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ORIGINAL COMMUNICATIONS.

DR. KENT.

By Dr. Gibson Miller.

The world has lost one of its greatest men in Dr. James Tyler Kent, who passed away last month.

It is over thirty years since I sat at his feet in St. Louis, as a humble student. He was then an almost unknown man, and but for the guidance of the late Dr. Swan, of New York, I should not have had the privilege of learning from him what the true Homœopathy was.

Dr. Kent came of a good old English stock, though he was an American of the Americans.

After graduating from an Old School College, he practised as an ordinary physician for some years, but, becoming dissatisfied with the results of his treatment of the sick, he sought to find some more efficient method of healing. This he thought he had found in the Eclectic School, and for a period his aspirations were satisfied.

Knowing that there were laws governing disease, he felt that there must also be laws guiding to the physician in the cure of the same diseases. After much fruitless investigation, he was finally led to examine the claims of Homœopathy to be the true law of cure, and after much careful experimenting, he began to realise that he had at last found what he had so assiduously sought for. At first, he only used the crude and lowest potencies, but with increasing experience he discovered that with the higher ones he could do work not possible with the lower.

From his first introduction to a knowledge of Homœopathy, he was a close and careful student of Hahnemann's writings, and all through his later life, a faithful disciple of the master.

He felt that Homœopathy, like all true sciences, must be a progressive one, and that the original discoveries of Hahnemann, however epoch making they must be, were but a beginning and that endless other laws and sub-laws were awaiting discovery. Accordingly, he

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set before himself the task of continuing the work initiated by Hahnemann and developed by his faithful followers such as Bœnninghausen, Dunham, Hering, Lippe, and Wills.

For this work he was peculiarly gifted, having that intuitive power that enabled him to perceive the true explanation of many of the problems of disease and its cure, which long had baffled the investigations of the wisest. He was a voluminous writer, but his fame will rest on three books, all the result of long years of study and observation, viz., " The Philosophy of Homœopathy," " The Materia Medica " and the " Repertory " to the same.

In the Philosophy we find all the fundamental doctrines enunciated by Hahnemann, but amplified and extended in all directions to the beginner. Hahnemann's works are often involved, and cumbrous, but in the " Philosophy," this difficulty is removed, and the reader is enabled at once to grasp the truths of the law of cure. Of particular value is his treatment of the progress and cure of sycosis, that protean disease of which Hahnemann only gave the merest sketch in " The Organon."

To many, even experienced physicians, the homœopathic materia medica, i.e., the record of the symptoms produced by remedies in the healthy, is a difficult and confusing matter, a mass of seemingly disconnected symptoms without order or method. But in Kent's hands this chaos is dissipated, and the reader is enabled to grasp the gist of each remedy, and so to visualise it, that each symptom falling into its appropriate place, the whole group is rendered consistent and orderly.

In Hahnemann's day, the Materia Medica was comparatively small, and it was within the power of a man to memorise the greater number of the symptoms therein contained.

But with its extension in our time to hundreds of remedies, many of which have over a thousand symptoms, it became necessary to prepare repertories as indices to the Materia Medica.

Many such have been compiled, but they were all of limited scope.

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Kent, realising the absolute necessity that existed for a complete repertory, if we were to make anything like adequate use of the riches of the Materia Medica, imposed upon himself the task of making one. He took as his ground work C. Lippe's excellent repertory, and added thereto innumerable notes, the result of his own and others observations.

Finding, however, that the result was not satisfactory, he recast the whole work and virtually started afresh.

For over twenty years every spare hour was given to this book. The labour was immense, for every symptom had to be traced back to its original source, and only those who have undertaken such work can realise what it meant. But to him, it was a labour of love, and he grudged no time, trouble, or expense, if only he could, by means of this book, render the cure of disease more certain and quick.

Worn out with years of labour he recently gave up his practice in Chicago, and returned to his country home in Montana, where he hoped to spend many years in quietness and comparative health. But it was ordained otherwise, and he has now passed away, mourned by his devoted wife, and by thousands of men and women to whom directly and indirectly, he was the means of giving back health and strength.

His students are now to be found all the world over, and proclaim with deepest gratitude how much they owe to the genius of the master where teachings have enabled them to conquer disease and to relieve the sufferings of humanity.

DR. KENT: AN APPRECIATION.

By Dr. J. Weir.

Dr. Kent dead! It is difficult to believe; and yet we will not miss him so much on this side, because, for most of us, he was only an influence and an inspiration; and as such, he still lives, and will continue to live. His great idea was to teach young graduates, train them, and then send them to all parts of the world to

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teach others. He had the true proselytising spirit, and so to-day his loss is mourned all over the world; for he has pupils in every land. His enthusiasm and earnestness were so real, his belief in Homœpathy so great, that one could not be long in his presence without becoming impressed. Homœopathy with him was no mere fanaticism, no transient enthusiasm, no fleeting joy. One felt the earnestness and power of a man who had been through much difficulty and trial.

He was diligent ever: his motto was, if a thing is worth doing it is worth doing well. Nothing was too laborious: his Repertory bears witness to that.

His professional life was one of gradual evolution. Starting as an allopath, he soon attained prominence. Then Homœopathy claimed him. He had to put all his powers into it, as was his usual. He had to conquer the natural doubts and fears that assail every thinking person who takes up the study of Homœopathy. Therefore anything that fell from his lips was worth heeding. It was the conclusion of a well-balanced and critical brain; the judgment of a man of experience. One must bear all this in mind in approaching his three great books, "Lectures on Homœopathic Philosophy," "The Repertory," and "Lectures on Materia Medica." There is much in the Philosophy that seems strange and even at first repels enquirers. But experience is a wise teacher, and some truths which seem peculiar become quite clear as knowledge grows. Like his great master Hahnemann, and like all geniuses, Kent lived ahead of his time. It is the future that will do him homage.

Like all great intellects that have been through the fiery furnace of bitter experiences, he resented his beliefs being made light of: but whenever a true and humble enquirer approached him, no pains were too great for him to take. One felt that he believed what he preached. His great earnestness was most impressive.

He had cause to be proud. He rose to be one of the greatest Homœopaths that ever lived, and to exert an influence second to none in his time. And yet

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withal, he was humble. In a recent letter, he wrote, "It always seems so strange to me to hear that I have attempted a departure from Hahnemann's teaching. I simply try to show what it means, and how to apply it after one hundred years of application. I have made no discoveries. I have nothing that I can call my own."

The religious side of his life was a very real thing to him. The following quotation from a letter shows how deeply he felt. "I am much in doubt about a man knowing deeply the truth of the Law of Cure unless he has a deep insight into the spiritual sense of the Word of God. . . . Man must know truth and do it, to become wise in things of his own natural philosophy," etc.

In one of his last letters he says, "I am growing old, and must leave the work to be done by my pupils. Many of them are doing grand work, and they will work more independently and rely on themselves better and more after I am gone."

THE DEATH OF DR. KENT.

By Dr. M. Tyler.

In Dr. James Tyler Kent, one feels that one has lost a personal friend. It is a great regret never to have seen him, never to have listened to one of the lectures of which one hears so much. But one has letters: and they are eloquent of the man: they breathe fire and weariness:—fire of the spirit, weariness of the flesh. He had worked much. He had spent himself. He had always felt intensely. He had been vexed with all the storms. He was one of the great ones, and not exempt, one gathers, from that usual failing of great men—impatience with what is small, and narrow, and ignorant, and carping. Here it is altitude that tells. It is the mountain peak that is subject to every wind. We who shelter, snugly herded, below, speaking one another's words, and rethinking one another's thoughts, cannot realise the storms that *they* must breast, up in the lonely heights; and we fail

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sometimes to make allowance for the fact that theirs is a wider outlook. Those who *see* and *know*, are not always patient with those who are only capable of being shown and taught. The higher a man, and the greater, the more lonely must he be, of necessity; and the less understood. That is why genius is apt to be impatient and irritable.

In one of Kent's letters he says, " While I am only 61 years old, I am worn out. I have been lecturing to classes on Homœopathy and Materia Medica since 1883, and it has been a bitter fight continuously. Though I have enjoyed it, it has worn me out. For fifteen years I gained little but sneers; then, now and then, a pupil would try and do it. But not until I had put out the 'Repertory' twelve or thirteen years ago could I feel that I had made any impression. . . . I have felt that if the good Lord wanted me to work longer, He would give me the physical strength to do it. . . . It is hard for me to retire just now when I see so many taking up the work. . . . There are 1,200 Repertories now in use. . . ."

In another letter he says, " It would be impossible for anyone to believe what can be done with the single dose of the highest potencies, when truly indicated. The boys saw a few of my records, but it would take six months to read my records, if nothing else were done.

" My records of epilepsy, blindness, insanity, cancer, etc., I dare not publish, as I would certainly be hounded as a falsifier. I could not believe it unless I had seen them come and go." . . . " If it is not taught right, it had better not be taught at all." Again, in another letter, he says, " The truth often isolates a man, but in the end, much may come out of it for the general good." Again in yet another letter, " Many try, and do, only feeble work . . . no one is convinced, not even themselves. When the work is done well, all are astonished. The nearer we come to the truth the more glorious the results seem. Men who can perceive God in it, God's laws, God's truth come nearest to the similar remedy." And a last letter, " I am now very tired . . . I have worked

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hard in the profession for forty-two years. . . . We have a most beautiful home out in the mountains. Come and see it, and stay long with us. You shall ride a hundred miles every day through the most beautiful scenery of the world. Mountains, rivers, fruit, flowers, etc. Hundreds and thousands of acres of fruit in the Better Rest Valley to watch and enjoy." Like all truly great men, Kent was a man of deep religious mind, who " walked humbly with his God." For him the Better Rest Valley was to be the Valley of the Shadow, while the fruitage of his life remains to ripen and be gathered long years after the faithful husbandman has entered into rest.

At some future day, when war is over, and there is time again to work and to think of things other than war, it will be interesting to contrast, or rather *compare* the teaching of Hahnemann and Kent. Such a contrast would be, I think, a revelation to many: for there is an idea abroad that Kent has founded a new school of Homœopathy, that he has either betrayed, or implanted new things on the teachings of the Master—the man to whom was revealed God's law in regard to therapeutics. Kent would have none of this. He stoutly protested that the teaching was none of his! He had discovered nothing new! He had merely explained, and illustrated, and made things clearer, and gone back to the teachings of Hahnemann in their fulness and purity. His mission was to reveal the truth, and show it once again to men who lived a hundred years later than Hahnemann. That his teachings, his reading of Homœopathy will stand the test of time and experience, is evidenced by the fact that one can point to men to-day, struggling with overwhelming practice founded on a faithful following of the principles and ideals of Hahnemann as taught by Kent a quarter of a century ago. Kent's monuments will stand—his " Repertory," his " Materia Medica Lectures," his " Philosophy," and his pupils.

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A PAPER INTENDED TO BE READ IN MARCH, 1916, AT THE LIVERPOOL BRANCH.

By Dr. T. Simpson.

The selection of a subject suitable for discussion on these occasions must always engender anxiety lest your precious leisure should be intruded upon with scant results, remembering that opportunities for mutual edification are scarce and infrequent, they may be sufficient but are never redundant.

New occasions bring new duties, time makes ancient good uncouth,
We must ever up and onward, who would keep abreast of truth.

We claim no originality for any suggestions, or comments, upon current events, in this restless age of perpetual progress. There is a half-acknowledged melancholy in the descent of middle life into old age—when we stand in the vigour of our life, and feel that time has now given us all its flowers, and, that the next work of his-never-idle fingers, will be, to steal them, one by one; but if we cast our eyes along the list of names held (by us) in honoured remembrance, we find they belong to such of our colleagues who have quitted the common sphere of human duty, and have gone out after disinterested aims, foreign to their private sphere. Time would fail to recall the labours of our departed *confrères* who toiled, through many leisure hours, in pursuit of knowledge, to bequeath to posterity. Men like Dudgeon, Drysdale, Black, Yeldham, Quinn, Henderson, Dyce-Brown, Richard Hughes, John Hayward, Adrian Stokes; we can best fulfil what they bequeathed to us by appropriating the knowledge gained by research and experience in the conduct of life, always being careful to recognise the merits, rather than in signalising the defects they displayed; the art of spoiling is within reach of the dullest faculty; we need to be taught to surrender ourselves to appreciation and admiration of work done for the increase of knowledge, and the easier attainment of the end we have in view. We are but the gatherers of stores left for us, by studious, sagacious, unselfish workers, to utilise in the daily round. Homœopathy

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purged of individualism, is to be recognised as a contributing element in the elaboration of General Medicine. To discover a perfect system of therapeutics, is an ideal which we may not hope to realise, even in this "wonderful century." Most of us cherish at some period of our lives such a consummation of our hopes as within the range of possibilities, but this desideratum, can only be secured by voluntary provings of drugs by enthusiasts. There is a balance of *play* among elements; life seems to be to consist of continued interchange of elementary substances. Helium and Radium are nearly related, and have each different properties. There are no *positive* electrons, but scientists were ever unfolding to us some new facts which modify synthesis, and add to the list of therapeutic agents. In the minds of those who are convinced of the value of the "law of similars" its *scientific* truth remains as a conviction, a belief, a faith; it is astonishing how many pegs there are, on which Therapeutic ideas may be hung. Paracelsus, Hahnemann, Rademacher, Fletcher, Grauvogl, Virchow, all contribute to the general fund whence we derive materials for reference. In our search for *the similimum* practical utility is the only measure of value. Homœopathy (purged of individualism) is to be recognised as a contributing element in the development of general medicine.

Only through diversity of opinion is there a chance of fair play to all sides of truth. The effort which is needed to keep in touch with a system so complex, as the method of Hahnemann is indeed, incessant, but the end justifies the means, and the goal appears nearer and nearer as the time advances, and our outlook is yearly improving. "Crass prejudice" is yielding to the evidence of facts, and it becomes obvious that all nature's wonders are in the region of the infinitesimal. Vaccines, ions, induced electricity isotonic plasma, etc, fulfil so many demands that one is tempted to hope for the final conquest of disease in the distant future; but our privilege, in the time at our disposal, seems to be to employ our individual talents for the advancement of "The Medical Art,"

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by candid enquiry and practical testing, so far as opportunity and time is afforded us.

Truth is of the same eternal origin as the omniscient and beneficent Deity. Men may leave it long unheeded, until its rays of light penetrate with its irresistible force the mists of prejudice, like the dawn of approaching day, that shall shine brightly and for ever for the benefit of mankind. To free one's mind from the slavish repetition of past experience, is an attainment few of us are able to perform.

The patience needed to become proficient in the science and art of Homœopathy is indeed enormous, but the advantages are so obvious as one advances, that the goal when reached will compensate for all our toil upon the road. We know full well that it requires heroic courage to cure ourselves of prejudices grown almost to mental infirmities, which have become sacred to us, on account of their popular recognition and adoption, and that it requires a very uncommon strength of mind to eradicate from our memory all the absurdities which have been imprinted upon our youthful susceptibilities as oracular deliverances and to exchange them for new truths.

Education is a slow process, especially when we undertake to investigate a system which seems to exclude from our imagination theories long held sacred and unassailable. New truths always, not only with an aspect of strangeness, but in apparent opposition to received and established beliefs, sometimes in opposition to beliefs held sacred or fundamental to all knowledge. The process of snapping the chains of customs which have proved to be useless and irritating, must be short and sharp. What reverence is due to practices that are consecrated by use and wont alone? whose adoption can be justified by empiricism; practical utility is the sole measure of value. In an art which concerns itself for the prevention or cure of human suffering, any neglect to become proficient in that art is a crime; to the unreflective mind every truth seems dangerous until it has become familiar; practical utility is the sole measure of value. Laboriously to cherish a habit because it chanced to

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be antiquated is a crying anachronism, as well might one seek to revert to the good old stage coaches as means of locomotion because they were picturesque and romantic. The world has a sure chemistry by which it extracts what is excellent in its children, and lets fall the infirmities and the limitations of the grandest minds. Philosophy is the account which the human mind has to give to itself, of the constitution of the world, for it is only the translation of nature, and nature is the potential germ of physiology, and there is a beautiful harmony between the phantoms of thought, and the facts which they presage, or disclose to us.

Two facts lie for ever before us, unity or identity, and variety. It is impossible to speak or to think without embracing both. Let us aim at being rational physicians who make use of the homœopathic method, in the right way and in curable cases, and our course will be clear, and success assured, so long as we keep an open mind for any collateral aids we can secure from current auxilliaries, consistent with our cult. There is no doubt but a very important impulse has been given to the diffusion of the cause by the many dispensaries now established in many towns, especially through the agency of the well equipped hospitals in Southport and other places. It seems to us, however, that considering the ample field of experience which they afford, we are justified in the hope that they will yield still greater benefits to us than heretofore.

We need to justify our position by induction from a large accumulation of observations, and if the physicians attending them can record the salient features of the cases prescribed for in detail, and a uniform plan agreed upon, of keeping records, we should accumulate a mass of facts on which we might generalise with advantage, arriving thereby at some undiscovered principles, clinical confirmation of recently ascertained facts in accordance with recent conclusions in collateral sciences, and the ascertained effects of drugs already discovered. We feel confident that the many experienced physicians who have lately adopted our rule of practice will not fail of their duty,

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in seeking to extend the knowledge acquired by them, making a public avowal of their belief in the system It is no light task for a busy man to undertake, but the examples of former colleagues should be sufficient to quicken our zeal, despite the harassing and endless hindrances they encounter in their daily round. In a well regulated life, a man can accomplish much, incredibly much, both for himself and others, no great amount of time is needed for recording one's experience; and well recorded experience (in the present state of our history) will always be read with avidity and cannot fail to prove useful; we would urge a more exact and scientific style of detailing cases, than has so far characterised the writings of our *confrères* in this country, although the old school of medicine seems for the present to disdain adopting our suggestions and exertions for the advancement of the medical art. There is no reason why we should not avail ourselves of their labours in the other branches of the science of medicine.

We remember with gratitude and affection, the unwearied labours of our colleagues who were so industrious and so generous as to bequeath to posterity the vast amount of valuable material accumulated by them during years of patient observation and careful study. Dr. Irvine of Leeds, Dr. Walker of Manchester, Dr. Nankivill of Bournemouth, Dr. Burnett of London, Dr. Dyce Brown, Dr. Hughes of Brighton, names redolent of untiring zeal and unselfish devotion in the advancement of knowledge (which we possess, as a legacy too precious to estimate at its full value). The readiness with which these pioneers of our system imparted the precious secrets which years of experience had disclosed to them, bore witness to their singleness of aim in life.

In the fourth year of my friendship with Dr. Drysdale, I contracted an attack of typhoid. Distressing symptoms followed quickly, persistent occipital headache, sleeplessness, loose yellow stools, entire loss of appetite and foul tongue. He gave me *Plumbum acetic*, which relieved and subsequently removed all discomfort. I made a speedy and permanent recovery.

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This incident made a deep and lasting impression upon my opinions and manner of life, propelling me to the study of a system so simple, so safe, so speedy. It has abundantly satisfied and justified the confidence which was first reposed in it, that for fifty years my experience has been uniformly favourable to the confidence first accorded to it; moving from well to better, yearly self-surpassed. It has been urged that we surely cannot trust to infinitesimals in grave conditions, but we can all bear witness that disaster has often followed any deviation from a strong line taken at the *beginning* of a case; while we recall many instances of success attending a well directed and sustained effort. The longer I live the more certain I am that it is safe to direct one's attention chiefly to the funadmental truths which first commended themselves to our approval and adoption, and which have acquired an ever-increasing value, from innumerable proofs of practical utility in the treatment of the *simplest,* as well as the *graver* and more *complex* maladies.

"The only calling of the physician is to restore health to the sick, and his highest aim to accomplish the task in as speedy and gentle a manner as is consistent with permanent benefit according to clearly intelligible reasons." He should understand what is curable in diseases in general, and in each individual case in particular, that is he should possess a perfect knowledge of medicinal powers at his disposal, he should clearly comprehend what is curative in drugs in general, and in each drug in particular that is to say, "he should adapt it so that the case is met by a remedy well matched with regard to its manner of action, its necessary preparation and quantity (proper dose) and the proper time of its repetition. When the physician knows in each case the obstacles to recovery and how to remove them, he is prepared to act thoroughly and to the purpose as a true master of the art of healing, for disease obliterated is health restored."

Bigotry and intolerance have done more to retard human progress upon every avenue of human effort,

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for the increase of knowledge and betterment of race than all other causes combined. It is indeed a happy thought and a glorious inspiration to contemplate the slow progress of mental emancipation that has been in progress for over 300 years. As members of a great and learned profession, we should in every legitimate and constitutional way encourage and foster the spirit of research and investigation. Infallibility is not a human attribute. It is only an indication of weakness and intolerance to decry and denounce our neighbour because his opinion is not in harmony with our own; no cause is gained by refusing to our opponent the same loftiness of aim we claim for ourselves. Nothing so speedily defeats its purpose as despotism. The process of snapping the chains of irritating and useless customs should be short and sharp. Practical utility is the sole measure of value. To cherish a habit because it chanced to be antiquated, is a crying anachronism. New occasions bring new duties.

The development in intellectual life in each of us is measured by the range and intensity of our ambitions. Our aspirations are presentiments of the capabilities that lie within us, and are harbingers of what we shall be able to perform, for without enthusiasm on the part of the laity, there will be a dearth of recruits to fill up the vacancies which must occur in the ranks of the profession; but if we all seek to develop to the full the rich heritage that has been handed down to us, the day is nigh at hand when Homœopathy will be recognised as the chief and potent luminary in the therapeutic firmament.

PATHOLOGY IN ITS RELATION TO THERAPEUTICS.

By A. C. Cowperthwaite, M.D., Los Angeles, Cal.

Ever since the inception of Homœopathy the relation of pathology to therapeutics has been a moot question. At the outset Hahnemann proclaimed that pathology could never be the basis upon which to found the new therapy, though he never maintained that it

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was of no value whatever. There were those, however, who proclaimed that Homœopathy could never be placed upon a scientific foundation unless it were based upon the pathological effects of drugs upon the human organisms—that a drug, in order to effect a cure under the law of similars, must have the power to induce a pathological state similar to that present in the patient. This contention was soon found to contain many defects, chiefly in the facts; first, that a majority of cases presented no pathological changes; and, second that, if pathological changes were present, the physician was quite liable to err in his diagnosis as to their true character. Then, too, it has already been established that many drugs of apparently eminent therapeutic value had shown no evidence whatever of power to poduce pathological changes in the human or animal organism.

For these reasons Hahnemann and most of his immediate followers maintained that it would be impossible to establish a scientific basis for homœopathic therapeutics upon such a flimsy and uncertain foundation. They also held that, even were it proven that a drug could produce certain pathological changes and that similar changes were well established in a given case, even then, while the pathological condition present might be a guide in the selection of a remedy, it did not in itself indicate the remedy, but that there must be associated with the pathological condition certain symptoms peculiar to the drug, thus forming a complete picture. We find a confirmation of this contention in the experience of Majendie, who administered *Tartar emetic* to dogs. They died, and on being examined, all of them were found to have hepatisation of the lungs. Eureka! *Tartar emetic* was a specific for pneumonia. It did not require a long experience however, to discover that *Tartar emetic* was seldom of value in pneumonia with hepatisation, but of exceedingly great value in broncho-pneumonia characterised by an excessive accumulation of mucus, great rattling in the chest, etc., these symptoms having already been thoroughly established by the masterly provings made by Hahnemann and his students.

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Poisonings by *Phosphorus* exhibit the unquestionable power of that drug to produce hepatisation of the lungs, and to a far greater degree than any other drug; yet the experience of many thousands of homœopathic physicians from Hahnemann's time to the present has shown conclusively that, while *Phosphorus* is far more often useful in the stage of hepatisation than any other drug, it is never useful unless there are present the peculiar and characteristic symptoms of that drug as elicited in the provings, viz., dry, tickling cough, with tightness across the chest, constriction of the chest and oppressed breathing, etc.

From experiments on men and animals, we know positively that *Bryonia* has a powerful action on serous membranes—that is produces congestion and a serous effusion in the pleura, the peritoneum and the pericardium. From this we know that *Bryonia* is quite likely to be the remedy in the early stages of serous inflammations after the exudate has commenced, which experience has proved to be true in a large majority of instances; but experience has also taught us that *Bryonia* does not reach those cases unless there are also present the finer indications which are peculiar to that drug only—the subjective pains, worse on motion, etc.

We know that *Nux vomica* produces a gastric catarrh, more persistently probably than any other drug in our materia medica, yet we know equally well that we cannot successfully administer *Nux* in gastric catarrh unless there be also present the characteristic symptoms peculiar to *Nux* alone, such as mental irritability, morning aggravations, fullness and pressure in stomach long after eating, irregular and inefficient peristalsis, etc.

So far as our present knowledge of the pathogenetic effects of other drugs goes, the same principle holds good. We know that *Mercurius corrosivus* causes nephritis, and that it is often useful in that disease, but it is by no means a specific. As a matter of fact, other drugs are more often used. While it is quite evident that, at least with our present limited knowledge of drug pathogenesy, we cannot base our thera-

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peutic application of drugs upon pathological findings yet, were it possible to increase our knowledge of the former, we might be greatly facilitated in the selection of our remedies in any given case.

The pathology of any disease, when its presence is well established, holds the same relation to therapeutics as do other objective symptoms. Pathological findings, whether conveyed to the vision by means of microscope, test tube, stethoscope or other diagnostic method, are nevertheless objective symptoms and, as such, are of equal value with objective symptoms visible to the naked eye and, while it is true that in accurate homœopathic prescribing subjective symptoms—the finer manifestation of the individual patient—must ever be most important yet the objective cannot be ignored, and must be of great value in the selection of a remedy. The relation of objective and subjective phenomena as expressed in the individual patient must ever be of great importance. Did we only know more of the pathological conditions our drugs are capable of producing, our therapy would be greatly strengthened. It behoves us, then, to set about acquiring this knowledge in which we are now so lamentably deficient. We live in an ultra-scientific age. The laboratory has taken the place of clinical experience. We can no longer maintain the truths of Homœopathy on theory and clinical evidences alone. We must prove these truths by methods that meet the requirements of science. Until quite recently, this has never been attempted. Meanwhile, the Old School, without so intending, have been demonstrating the truths of Homœopathy by scientific methods. It now remains for the homœopathic school to strengthen its materia medica by systematically adding to the great store of knowledge therein accumulated during the past 150 years, additional knowledge gained by means of modern scientific methods.

The laboratory must take up and complete the work of Hahnemann and his followers. Hahnemann was the greatest scientist of his age and, I doubt not, were he here to-day, he would be one of the first to take advantage of any modern methods that promise to aid

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in establishing a fuller knowledge of drug pathogenesy. We already have a sufficient number of remedies recorded in our materia medica. What we need is a more complete knowledge of those we already have, instead of attempting to prove other remedies of to say the least, questionable therapeutic value. Most of our remedies have been proven and reproven until it would seem that further reprovings conducted under previous methods could add nothing to our knowledge. We must now employ scientific methods. In the language of Dr. Rabe, in a recent address before the New York County Homœopathic Medical Society: "It behoves us to arouse in our School an interest in serious scientific research. We must investigate, by means of modern laboratory methods, the numerous more or less unsettled problems of our School. Our belief in and claims for therapeutic pre-eminence must be put to real tests of such character that no man can refute or deny their correctness. Drug provings must be carried on with every scientific precaution, check and control, something which, with a few negligible exceptions, has never been done by us. Animal experimentation must supplement the provings of drugs upon humans, so that the pathological scope of our remedies may, with greater certainty, be determined. In short, every scientific method must be employed which will lift us out of the sea of conjecture and place us upon the upland of certain knowledge. Rational Homœopathy has nothing to fear from such an investigation, but does have everything to gain, and must gain it, if we, as its sponsors, are to remain true to our trust."

Already some of our colleges have established laboratories and are conducting drug investigations along these lines. The results up to the present time have been quite satisfactory, and presage what may be expected in the future when more money and more talent are expended in this direction. When, through scientific researches, we have succeeded in establishing a more perfect knowledge of the pathogenetic power of drugs, then the relation of pathology to therapeutics will become more intimate and prove of more practical

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value. However, the day will never come when our materia medica can be wholly placed upon a pathological basis. Subjective phenomena must ever retain the superlative in homœopathic prescribing.

TWO CASES.

By Dr. Ridpath.

Dr. Kent, alas! has passed from among us, but he has left us invaluable legacies in the publications he has left behind him.

His "Repertory" is a monument of skill, perseverance and learning—the result of his hard work and genius.

By his lectures on Homœopathic Philosophy, he has educated many—all those who have persevered—in the manner of practising medicine according to the method discovered and enunciated by Hahnemann. It is impossible to estimate the number of cures effected by Homœopathy taught as he taught it. Equally is it impossible to estimate the benefits which have resulted from the treatment so clearly laid down in his writings.

Here I shall recite two cases of severe epilepsy successfully treated by remedies selected from a study of Kent's "Repertory."

1. A young lady, *aet* 18 years, of fine physique, seen 20th May, 1909, had been suffering from very frequent (sometimes daily) epileptic fits with biting of tongue and frothing of the mouth, since December, 1908. There was no apparent cause except that the girl had fallen from a swing on to her head two and a half years previously, and all treatment having proved unavailing the medical attendant and the consultant gave it as their opinion that trephining the skull appeared to be the only course to pursue to obtain cure. Naturally, the parents having heard of some of the good results of Homœopathy decided to give it a trial before resorting to surgical proceedings.

After full examination of patient, jotting down the symptoms and modalities, and working them out with

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Kent's "Repertory," *Calcarea ostrearum* was indicated, and *Calc. os.* 200 was given in a daily dose for three days. For some days afterwards the fits were much more severe and frequent, but nothing else was given, *i.e.*, no other drug, and in less than a month she had her last fit, and was restored to health, and has remained free from convulsions up to the present day. Of this we can rest assured, the selection of the remedy *can* be found by the intelligent use of Kent's "Repertory."

2. B., the second case, is of more recent occurrence. During the month of April, I was summoned to see if I could do anything for a man who had fallen down in epilepsy near my house. When I got to him he had recovered and explained to me that these convulsions were of frequent occurrence daily and sometimes several times a day. He is thirty-six years of age, and has had convulsions ever since he was three months old. Of course this condition prevented him from getting any employment, and he had been in every institution but was always turned away as incurable. When recruits were wanted for the army he at once joined and was as rapidly rejected. After giving him a meal I elicited the above and a few other symptoms, from which latter I was led to the selection of *Calcarea ostrearum*, of which I gave him one dose of 1.M. A month afterwards he called on me and told me with the greatest delight that he had not had a fit since I gave him the medicine, and he was now going to begin munitions work at a large factory, and he has promised to come and see me if he had any more convulsions, or as soon as he could get away from this, the first work he has been able to do.

Comments.—In case A., the patient was cured by the remedy and a very formidable surgical operation of much more than doubtful efficacy, and which moreover might have proved fatal, was avoided and the patient was restored in full health to the family circle.

In Case B., the patient was enabled to work for a living for the first time in his life, on account of being free from epileptic seizures.

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In these cases the selection of the remedy was worked out carefully by the aid of Kent's " Repertory," and strangely enough the same remedy was required in both cases.

By Dr. Kent's well directed industry and genius in the compilation of his " Repertory," I was enabled in these two cases to cure two (incurable ?) cases.

THE SPHERE OF NUX VOMICA.—*Nux vomica* is pre-eminently the remedy for many of the conditions incident to modern life. It is the greatest of polycrests because the bulk of its symptoms correspond in similarity with those of the commonest and most frequent of diseases. It is frequently the remedy first indicated after much dosing, as it establishes a kind of equilibrium of forces thus counteracting predominant drug effects.

The type most suitable for its action is that patient which is rather spare in stature, and of a nervous bent, that sort of person who is thin, active and irritable. He does a great deal of mental work. He has mental strains and leads a sedentary life, found in prolonged office work, overstudy, and close application to business, with its cares and anxieties. This indoor life and mental strain seeks stimulation. Coffee and wine, possibly in great excess, play a part or he may hope to quiet his excitement by sedation from tobacco if not already the victim of some drug habit such as morphia or cocaine. These things are associated with other indulgences; at table he takes preferably rich and stimulating food; wine and women play their part to make him forget the close application of the day. Late hours are a consequence and a thick head, dyspepsia, and an irritable and quick temper are the next day's inheritance. Now, he reaches out for some cathartic, liver pill or mineral water, insensibly slipping thereby into the *cathartic habit*, which still further complicate matters.

Since these frailties are more yielded to by men than women, *Nux vomica* is pre-eminently a male remedy. These conditions produce an irritable nervous system, hypersensitive and over-impressionable to a degree, which *Nux vomica* will do much to soothe and calm. It is especially adapted to digestive disturbances, portal congestion, and hypochondriacal states depending thereon. *Convulsions, with consciousness; worse upon contact and upon moving. A zealous and fiery temperament.*

WILLIAM BOERICKE.

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HOSPITALS AND INSTITUTIONS.

THE CHILDREN'S HOMŒOPATHIC DISPENSARY.

Second Annual Meeting, Wednesday, 28th June, 1916 at 4.30 p.m., at the London Homœopathic Hospital.

THE Second Annual Meeting of Members, Donors and subscribers of the Children's Homœopathic Dispensary was held in the Board Room of the London Homœopathic Hospital, Great Ormond Street, Queen Square, W.C. (by kind permission of the Board), at 4.30 p.m., on Wednesday, 28th June, 1916.

Sir George Wyatt Truscott, Bt., President of the Dispensary (in the Chair), Mr. and Mrs. Boake, Mrs. Wilkinson Brooks, Mr. Elliott Brown, Dr. Burford, Mrs. and Miss Callard, Dr. and Mrs. Roberson Day, Mr. R. C. Day, Mr. and Mrs. Handfield Morton, Dr. Pincott, Mrs. J. C. Powell, Sister Rockliff, Mr. and Mrs. F. O. Salisbury, Dr. Arthur Sandberg, Dr. Sinclair, Mrs. Vogel, Miss J. Walker, Mrs. Henry Wood, and others.

Dr. J. Roberson Day, in the continued absence on war service of Dr. Petrie Hoyle, the Honorary Secretary, announced that letters of regret for absence had been received, among others, from the following :—

Lady Ethel Baird, Mrs. Osmaston, Ralph Callard, Esq., G. W. Budden, Esq., Miss Noble Taylor, Rafael Parga, Esq., Mrs. Otto Beit, and Wilfrid Medd, Esq.

Dr. Roberson Day then proceeded to read the Second Annual Report of the Dispensary, at the conclusion of which the Chairman, in moving its adoption, remarked that, taking into account the very adverse circumstances which had attended the starting of the Institution, he considered it was a very interesting and satisfactory Report, which Dr. Day had just presented to them. He said that, in reading the Report, Dr. Day had deplored the fact that owing to the Dispensary not being permitted to display any external notices this had been a bar to the Institution's becoming much more widely known. He, however, felt this to be, to a certain extent, an advantage, as it had really laid the

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starting of the Dispensary on a very sound foundation, its progress being entirely through the reputation it had gathered to itself by the excellent work it was doing. He then said that they had present at the meeting one of the very youthful patients, who, when he had arrived at the Dispensary, was in a very sad condition indeed—his life being despaired of. Owing, however, to the treatment and care which this little patient had received at the Dispensary he was now grown into an uncommonly healthy child, the medical report of him being excellent. Sir George next emphasised the fact that the name of Miss Cicely Willett had been added to the Committee, and remarked that Mr. Willett's name was very much before them at the moment, it being he who had done so much to provide the Daylight Saving Bill of which they all felt the benefit. He much regretted that Mr. Willett had not lived to see the fruition of his labours in this direction. He then referred to the financial position of the Dispensary, remarking that they certainly sailed very near to the wind when they had only 1s. 6d. to the good. He felt sure, however, that their homœopathic friends would not allow the work to suffer through want of funds. He was very glad to notice the large increase, on last year's figures, in the amount of annual subscriptions, saying that this was a kind of fund most useful to all institutions carrying on such a work: the Committee want to be assured of a certain income year by year, and this could only be by annual subscriptions. He referred to Dr. Day's desire to obtain freehold premises for the Dispensary, and hoped that some kind friend (or friends) of the cause would come forward with a sum sufficient to buy the freehold site which was for sale near to the present building. He concluded by emphasising the value of all work connected with child-life, especially at the present moment, remarking that there had been no time in the history of the State when child-life was of more value to the State than it was to-day. Homœopathy did a great work in preserving child-life; no other system of medical practice, he asserted, could deal so well with the

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hereditary complaints of children, and he cited a case in illustration.

Mr. E. Handfield Morton, in seconding the adoption of the Report, said that he felt all were assured that the Dispensary was doing a most useful work. He only wished that they might find a greater number of subscribers to support the effort which had been made at Shepherd's Bush. The Dispensary, he remarked, had certainly shown itself to be a necessity, and a necessity of the kind which ought to be supported warmly and thoroughly.

The Report was then put to the vote and carried unanimously.

Dr. Pincott proposed the re-election of the General Committee and the Ladies' Committee, of the Dispenpensary, adding that he felt they were especially indebted to the Ladies' Committee, as he had always recognised that with regard to anything where the children were concerned, the ladies were pre-eminently useful.

The Chairman warmly seconded the motion, and it was carried unanimously.

Dr. Burford said that he had very great pleasure in proposing the best thanks of the meeting to the Board of Management of the London Homœopathic Hospital, for according them the use of the Board Room for the present occasion. He remarked upon the excellent amount of work achieved by the Dispensary during its existence, which, he stated, aimed not only to make good the blemishes that disease had wrought but did much to prevent it. He hoped that, ere long, they might see at least a dozen other such institutions springing up in the different districts of London, and thus forwarding and extending the cause of Homœopathy in which they were such firm believers.

Mrs. Handfield Morton seconded the proposal and it was carried unanimously.

The Chairman proposed a very cordial vote of thanks to the Medical Staff, the Auditors and the Solicitors of the Dispensary.

Mr. Handfield Morton seconded and it was carried.

Dr. Arthur Sandberg proposed a very hearty vote

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V.51

of thanks to Sir George Truscott for so kindly sparing them his valuable time in coming to preside over the meeting.

Dr. Roberson Day, in seconding the proposal, remarked how the increased death-rate in children (accounted for chiefly by the ignorance of the poor as to how to rear their children, the fewer doctors and nurses, and also by the increase of drunkenness among the women) proved the necessity for such institutions as the Children's Homœopathic Dispensary.

The vote was then carried with acclamation.

The Chairman, replying, thanked the meeting for the very cordial manner in which they had passed the vote of thanks, adding that he was very grateful to those who had made the Dispensary such a success.

The proceedings then terminated.

DATA LEFT BY THE LATE DR. CONSTANTINE HERING (posthumous material furnished by a relative).

ARSENICUM IN INTERMITTENT FEVERS.—"Arsenic is one of the most prominent agents of cure against intermittents. When the chills and fever are not distinctly developed, when they alternate, or commingle with each other; also, when the heat is burning, likewise disagreeable to the touch, and attended by great agitation, and almost inextinguishable thirst, *Arsenic* will exhibit its remedial efficiency. *Arsenic* demands a preference over all other remedies when the fever presents a form peculiarly characteristic of this remedy; for example, when the pains or accidental symptoms already existing, but feebly developed, augment at the accession of the fever, or when they first appear, and are succeeded by and unite with the fever, or when the fever is accompanied by symptoms which do not appertain to it, as lively anxiety, buzzing in the ears, twitching in the limbs, etc. *Arsenic* is not less efficient in those fevers where, immediately after the chill, an inclination to vomit, or a bitter taste in the mouth is observed; when the taste of aliments and drink is extinguished, without a constant continuance of a bitter or disagreeable taste in the mouth, which will not again develop itself for some time, except while eating, or shortly after; where vertigo, nausea, trembling and sudden prostration of strength are manifested to the highest extent; where patient drinks very frequently, but very little at a time; where perspiration does not supervene for some time after the heat; and where sensation and motion is impaired, attended with insupportable pains and the highest degree of anxiety."—HARTMANN.

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SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE last meetings of the session were held on June June 28th and 29th, at the London Homœopathic Hospital. On the 28th, with the President in the chair, two papers were read in the Section of Surgery and Gynæcology, one by Mr. Granville Hey, M.S. Ed., on "A Week's Surgical Emergencies," and one by Mr. J. Johnston, F.R.C.S., on "Appendicitis as a Complication of Pregnancy." Both were admirable papers, the latter in fact being a masterpiece of clear, concise presentation of a subject and an interesting discussion followed. Dr. E. A. Neatby, Mr. Dudley Wright, Dr. Burford, Dr. Miller Neatby, Mr. Eadie, took part in it, and the writers of the papers replied.

On the 29th, in view of the fact that no Annual Congress can be held this year, the Congress authorities united with the B.H.S., and occupied the day with a demonstration and discussion of clinical cases. Mr. Dudley Wright presided in the morning, and Dr. Wheeler in the afternoon, and the assembled company lunched together at the Holborn between the meetings. Among the cases shown, all of which were interesting, was a case of Gastro-Jejunostomy, one of Operated Fracture, one of Polycythœmia, of Menorrhagia, of Exfoliating Dermatitis, of Cerebellar Ataxia, of Cerebral Tumour, and of Cardiac Asthma.

At the end of the day the annual business of the B.H.S. was transacted, the Treasurer's Statement, and Council Report read and adopted and the society officers elected. It was determined, in view of the exceptional circumstances of the continuing European war, to re-elect the officers of the past session *en bloc*, and as it were, make one session of two years. Dr. Wheeler therefore remains President, Lieut.-Col. Deane and Dr. Cash, Vice-presidents, Dr. Sandberg, Secretary, and Mr. Knox Shaw, Treasurer.

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM JUNE 16TH TO JULY 15TH, 1916.

General Fund.

Subscriptions.	£	s.	d.
Miss Cunningham		5	0
Lady Oldroyd	1	0	0
Dr. George Clifton	1	1	0
Mrs. Thirlby	1	1	0
Dr. Burford	3	3	0
Mrs. Kennedy	1	1	0
Mrs. Park		5	0
Mrs. Gosling	1	1	0
R. F. Murchison, Esq.		10	6
James Munford, Esq.	1	1	0
Miss Cogswell		5	0
Dr. A. Pullar	1	1	0
Mrs. Gresham	1	1	0
Mrs. Scrimgeour	1	1	0
Mrs. Heron		5	0
Mrs. Butler	1	1	0
Donations.			
Dr. Leon Brasol	12	8	0
E. J. Frost, Esq.		1	0
A. Elliston Fox, Esq.	2	2	0

National Homœopathic Fund.

Subscriptions.	£	s.	d.
John Smith, Esq.		5	0
Dudley d'A. Wright, Esq.	2	2	0
Miss Bevan Brown		10	6

The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 11th July, 1916.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 19th July, 1916.

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EXTRACT.

A URINARY TEST FOR SYPHILIS AND ITS COMPARISON WITH THE WASSERMAN REACTION.*

By CARL D. GRAY, M.D., Portland, Maine. House Surgeon, Maine Eye and Ear Infirmary.

THE form and variety of symptoms, either recent or remote, that may be produced by the *Treponema pallidum* are multiple. This same parasite causes certain metabolic changes in the human body, as is shown by the different laboratory methods, *i.e.*, the Wasserman reaction, the gold chloride test, and the luetin reaction. With the exception of the latter, these tests require a well-equipped laboratory, and reagents which are not within reach of the general practitioner. That some simpler test may be used which will at least strengthen or weaken the question in the physician's mind, is very probable. I wish to report a series of urinary examinations, part of which have been carried out in common with the Wasserman reaction. (*a*)

The test is simple, requiring only a few test tubes, one of which must be graduated in cubic centimetres, and two stock solutions. A specimen of fresh urine, acid in reaction and normal specific gravity, *i.e.*, above 1.016. A test for sugar, even in the smallest amount, should also be made, as its presence will interfere with the reaction. The reagents consist of: Solution I., dissolve one gram of resublimed *Iodine* in *Chloroform* or *Carbon tetra-chloride*; Solution II., *Phosphoric acid* ten per cent. To perform the test take 6 c.c. of fresh urine, preferably the early morning, and add 1 c.c. of Solution I. and shake thoroughly for two or three minutes. The reaction depends upon some substance which inhibits the decolorisation of the *Iodine*. After urine and *Iodine* solution have been thoroughly shaken, the tube is set aside for a few moments, when the

* *From the Medical Press.*

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Chloroform will settle to the bottom, being either pearly white (a negative reaction) or coloured pink or deep purple, when the reaction is positive and syphilis is to be suspected. One cubic centimetre of Solution II. is then added, and the tube and contents are shaken the second time. If the *Chloroform* is cleared and becomes white after standing three or five minutes, the test is negative.

The presence of sugar, even in the slightest trace, will produce a positive reaction, as has been proven by the examination of diabetic urines, and also by producing temporary glycosuria in healthy individuals whose urine had given negative tests and gave further negative reactions after eliminating a superabundance of carbohydrates from the diet.

A low specific gravity urine of the type produced by ingesting large amounts of water or the so-called "nervous polyuria" will give a positive reaction. To prove this, examinations of fresh urine from normal persons were made and were found to be negative; then later in the day, after several hours of labour with little or no water ingested, followed by copious drafts of fluid and a relaxation from mental strain, a second examination gave a positive reaction. This was illustrated in the case of several physicians after several hours' work in the operating room and in students following examinations. A positive result may also be caused by drinking one or two bottles of beer within a few hours of making the test. It seems necessary to inquire regarding the use of alcohol in this test for the same reason that it is necessary before taking blood for a Wasserman, the reverse result occurring in the urinary reaction. The presence of albumin, bile, indican, or blood has no influence upon the reaction. Cystitis, due to staphylococci, streptococci, pneumococci, or colon bacilli does not give rise to a positive reaction. Nor does gonorrhœal urethritis unless complicated with a chancre. The reaction has been obtained from the urine of five patients where the diagnoses were made by finding the spirochætes with the dark field illumination. In other cases the diagnosis has been from the history and clinical finding

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alone or as controlled by the Wasserman reaction. In two cases all three of these reactions were positive without any history of infection obtainable, the only lesion showing in the mouth.

TABLE I.

Diagnosis	No. Cases	+	—
Syphilis	50	50	0
Surgical conditions	55	1	54
Tuberculosis	15	0	15
Glycosuria	5	5	0
Pneumonia	5	0	5
Gonorrhœa and chancre	2	2	0
Septicæmia	10	0	10
Gonorrhœa	5	0	5
Kidney Disease	15	0	15
Scarlet fever	2	2	0
Carcinoma	3	0	3
Healthy individuals, controls	13	0	13
Polyuria of nervous origin	5	5	0
Polyuria produced by the use of diuretics	10	10	0
Typhoid fever	5	0	5
	200	75	125

This short report is based on investigations made only during the past five months, but a glance at the two tables will give a slight idea of the results obtained. Urinary examinations were made in two hundred cases from patients suffering from different diseases as diagnosed under Table I., while it was possible to make a Wassermann for comparison, as is shown in the thirty-five cases in Table II. It has not been possible to obtain urines from cases of every description, and it is very likely that a more thorough investigation will show other conditions besides those noted below which give the reaction. With the results obtained it would seem that, while the test does not afford a positive diagnosis for syphilis, it has its place in the examinations, and in certain cases might aid greatly in determining a more elaborate test.

The cause for the reaction is unknown as far as I have been able to determine. Physiological chemistry

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has not as yet solved all the problems or given cause for all reactions that occur. From results obtained in different tests we assume that certain substances, in some unexplainable manner, react with other substances and cause a definite result.

For illustrative purposes, I will cite a few case histories for comparison of the results tabulated in Table II.

CASE I.—J. R. D., man, age 31, widower, Wool sorter. Family history, negative as far as obtainable. Has three sisters, four brothers, living and well, although one brother, aged 43, is nearly blind. Has always been in good health, never been under treatment for any cause. Complains of difficulty in seeing things after dark. First noticed this about five years ago. Onset gradual and vision perfect during the day. Examination showed the lids, sclera, cornea, and pupils normal. Through the ophthalmoscope both discs were pale, the vessels small, and pigmented areas all over the retina. O.D.V.=1. O.S.V.=1. Clinical diagnosis of retinitis pigmentosa O.U. was made. Urinary test was very positive and the Wassermann showed + + +. Under mixed treatment improvement was marked in three months.

CASE III.—V. M., woman, age 18. Single. Bookkeeper. Family history; Father living, in poor health, cause of which the patient does not know. Mother died eight years ago of tuberculosis. One brother and one sister living and well. Four brothers and three sisters died soon after birth, cause unknown. Always been well till March, 1915. He had severe frontal and occipital pain the last six months and lost some weight. Has lost all her teeth. Last March the left eye began to get red and painful. Photophobia. Vision lost within a week. Was in Canada at that time but returned home in the summer. In August the right eye ran the same course, and she lost weight and became almost totally blind. Entered hospital first of November. Examination showed the cornea dull, with dense infiltration. Pupils contracted. Deep circumcorneal injection. Perception of light only. Clinical diagnosis of interstitial keratitis and iritis.

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TABLE II.

Case	Clinical Diagnosis.	Specific History.	Iodine Test, Urine.	Wasser-mann.
1	Retienitis pigmentosa	None obtained	+	+ + +
2	Uveitis acuta specific	None obtained, except for an attack of rheumatism ..	+	+ + +
3	Interstitial keratitis and iritis specific	None obtained	..	+ + + ...
4	Interstitial keratitis and iritis specific	None obtained	+	+ + +
5	Interstitial keratitis	None obtained	+	+ + +
6	Interstitial keratitis	None obtained	+	+ + +
7	Interstitial keratitis	Chancre and rash in 1898, 2½ yrs. treatment	+	—
8	Iritis	None obtained	+	+
9	Interstitial keratitis	None obtained	+	+ +
10	Paralysis, third nerve	None, except for a rash a couple of years before	+	+ + +
11	Interstitial keratitis specific ..	Gumma of clavicle three years before. Received 2.1 gm. *Neosalvarsan.* Took *Mercury* for several months fourteen years before	+	—
12	Paralysis third nerve specific ..	None obtained	+	+ +
13	Parenchymatous keratitis ..	None obtained. Has typical notched teeth	+	+ +
14	Paralysis external rectus specific	Severe sore throat and rash two years before. Two miscarriages	+	+ + +
15	Absolute glaucoma	None obtained	+	+
16	Scleritis conjunctivitis	None obtained	—	—
17	Paralysis of superior oblique and inferior rectus	Attack of grippe about a month before	—	—
18	Parenchymatous keratitis ..	None obtained	+	+ + +

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Case	Clinical Diagnosis.	Specific History.	Iodine Test, Urine.	Wasser-mann.
19	Episcleritis	None obtained	+	—
20	Chancroid	Sore on glands two years before. Bubo	+	+ + +
21	Not reported	None obtained except for three miscarriages at two months	+	+
22	Gumma of neck	Chancre several years before	+	+
23	Interstitial keratitis	None obtained	+	+ + +
24	Secondary syphilis	Ulceration of cervix and labia. Rash of face and body	+	+ + +
25	Interstitial keratitis	None obtained. Hutchinson's teeth.	+	+ + +
26	Neurochoro-retinitis	None obtained, except for a sore throat a year before and slight rash on chest	—	—
27	Keratitis	None obtained	+	—
28	Neuroretinitis	None obtained	+	—
29	Interstitial keratitis and iritis	None obtained	+	—
30	Interstitial keratitis and iritis	None obtained. Hutchinson's teeth. Prominent frontal bone. Skin of hand dry and wrinkled	+	+ + +
31	Interstitial keratitis	None obtained	+	+ + +
32	Gumma of neck	None obtained	+	+ + +
33	Syphillis primary	None obtained. Mucous patches on labia	+	+ + +
34	Syphilis of throat	None obtained. Mucous patches in throat showing spirochæta enlarged glands	+	+ + +
35	Keratitis and iritis specific	Rash three years ago	+	+ + +

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Urinary test positive. Wassermann + + +. Under treatment marked improvement has been noted, vision returning slowly.

CASE IV.—C. S., female, age 18. Single. Family history: Father died fifteen years ago of tuberculosis, age 33. Mother died four years ago, at the age of 42, from a shock. Two sisters living and always been well. Has had pneumonia eight times. Suffers from dull headaches and has been obliged to wear glasses. Otherwise always been in good health. In the middle of June, 1915, a rock struck her in the face and broke her glasses, a small piece going in the left eye and being removed. A week later the eye began to smart and burn, vision growing dim. A week later, the right eye began to fail in the same way. Condition grew worse, till it was impossible to tell day from night. Examination showed the cornea deeply infiltrated, gray, and hazy. Pupil small and immobile. Patient had to be led about. Clinical diagnosis of interstitial keratitis and iritis was made. Urinary test was positive. Wassermann + + +. Under treatment the condition improved slowly.

CASE VII.—O. C. H., male, age 29. Family history negative. Had a chancre in 1898, followed two months later by a rash all over the body. Was told at that time he had syphilis. Took mercurial and mixed treatment for two years. Spent three months in a sanatorium for tuberculosis which involves the upper portion of the right lung. Three weeks before being seen (September 3, 1915) the right eye began to feel irritated, got red and painful. Photophobia. Examination showed the cornea dull, with infiltrated areas and deep injection. O.D.V.=0.5. O.S.V.=1.2. Diagnosis: Interstitial keratitis. Urinary test positive, Wassermann negative. Under treatment the condition improved rapidly.

CASE VIII.—Mrs. P. P., age 52. Married. Family history negative. Always been well. Mother of twenty children, three living, seventeen dying under one and a half years of age. The left eye has been sore and painful for the last two weeks (see September 20, 1915). Cornea dull, infiltrated pupil, small posterior

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synechia. Diagnosis of keratitis and iritis. Urinary test positive. Wassermann + + +.

CASE XXIV.—Mrs. J., æt. 37. Family and past history negative. Ten weeks before (seen November 26th, 1915) had been troubled with ulcerations of cervix and labia, which had healed under local treatment. When seen, the face, arms and body were covered with a macular rash. Hair falling out. Mucous patches in throat. Diagnosis: Secondary Syphilis. Urinary test positive. Wassermann + + +.

CASE XXV.—D. D., female, æt. 12. Family a past history not obtained, except that she had been operated on for enlarged tonsils and adenoids. Referred from school. Left eye red and deeply injected. Cornea dull and infiltrated. Notched teeth. Skin of hand dry and wrinkled. Rash around mouth. Interstitial keratitis. Urinary test positive. Wassermann + + +.

In the limited number of cases which have come under observation, as is shown by the results obtained in Table I., of 200 cases, the reaction would almost seem a positive diagnosis for syphilis, were it not for the fact that other conditions may give the same reaction. The presence of sugar can easily be ruled out by any of the laboratory tests, and the use of any diuretic can be discontinued for a short period. The best method is to obtain a sample of the early morning urine, and do the reaction before decomposition has set in. A low specific gravity urine (below 1.015) usually gives a positive reaction, and the result of one examination in such a case should not be relied upon. In comparing the results in Table II., the most prominent point in favour of the value of the reaction lies in the fact that in no case in which the history or clinical findings suggested syphilis has there been a negative urine reaction and a positive Wassermann; while in six cases the iodine test was positive and the Wassermann negative. Three cases in which both tests were negative and in which specific infection was not suspected are also tabulated. Three or four cases in which the urinary test was positive and clinical finding suggested specific infection have been under treatment

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and with marked improvement, though there was no Wassermann obtained. One case, which is not reported in either table, gave a positive urine reaction, also the spirochætes were found from the initial lesion with the dark field illumination.

In conclusion, it seems that in suspicious cases this simple test may aid greatly, either suggesting the use of a better established test or the cautious administration of antisyphilitic treatment.

ACUTE ATROPHY OF THE LIVER OF SYPHILITIC ORIGIN.—Bendig (*Munchen. med. Wchenschr.*, No. 34, 1915) describes the case of a woman in the ninth month of pregnancy who on account of a primary syphilitic infection was treated with *Salvarsan* and *Mercury*. The first two *Salvarsan* injections were well tolerated, but there was some vomiting after the third. Two days later there was great weakness, psychic changes with rapidly increasing restlessness, and convulsions, and she died after another forty-eight hours. This case took a similar course to one that the author described in 1908. In both cases the patients were healthy young women, in whom after the appearance of the first symptoms —slight nausea, gastric disturbance and slight jaundice—the most severe convulsions ending in death developed with great rapidity. In both the post-mortem changes, especially of the liver, were almost identical. As *Salvarsan* had not been discovered in 1908, the death in the present case can scarcely be ascribed to it. The etiology of acute yellow atrophy of the liver is still obscure ; in some cases it develops in conjunction with the most diverse infectious diseases, such as erysipelas, osteomyelitis, diphtheria, or typhoid fever. That syphilis alone may be the cause has been shown in a number of published cases and most authorities assume a direct injury to the liver cells by the toxin secreted by the spirochæteæ. The female sex is much more freqeuently affected than the male and the greatest percentage is found in the pregnant. Possibly both *Mercury and Salvarsan* may come into question as injurious agents, as Schreiber, of Magdeburg, has seen more cases of this disease after than before the *Salvarsan* era. In the differential diagnosis, the liver changes seen after poisoning with *Phosphorus* and *Arsenic* should be remembered. The differentiation cannot be made macroscopically, but only microscopically. Although at its commencement the acute yellow atrophy is accompanied by an enlargement of the liver, this is only a transient phase, and when the case is examined after death the liver is as a rule greatly diminished in size. In cases of acute *Phosphorus* poisoning, and to a less degree also in *Arsenic* poisoning, the liver is as a rule still enlarged, due to the immigration of fat, and it is only in rare cases that it is found to be in the atrophic stage.—*Medical World.*

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CORRESPONDENCE.

TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."

DEAR MR. EDITOR.—I do not know who is responsible for the report in THE HOMŒOPATHIC WORLD of last month, of the complimentary dinner given me by my *confrères* on June 1st., but whoever the contributor may be, he is evidently "romancing," as no allusion was made to the number of patients I had seen.

In October last, when Sir Alexander Henderson now Lord Faringdon, made me a presentation from, my patients, I said, "Just before retiring from practice I signed the 99,000 monthly card for this Dispensary which represented 396,000 *consultations*," which is a very different thing from 300,000 *patients*, which savours of "swank."

As I have a deep and wholesome dislike to either talking or writing about myself, I shall be glad if you will find space for this letter.

Yours very truly,

T. W. BURWOOD.

"*Oceanstrand*,"
Aldeburgh, Suffolk.
July 10th, 1916.

NECESSITOUS LADIES' HOLIDAY FUND.

TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."

SIR.—For years past you have been good enough to allow me to appeal in your valuable paper for contributions towards the Necessitous Ladies' Holiday and General Fund.

Much self sacrificing help has been given to other charities to meet the need this awful war has involved, whilst the poor ladies are likely to be overlooked, and yet no class has suffered so pitiably as the poorer gentry, through loss of work and therefore of money, more particularly hospital nurses, governesses, companions, secretaries, musicians and actresses, and those ladies

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engaged in other professions who through weakness and age are disqualified for working at munitions.

I plead for these, our unfortunate sisters, the sick and broken, too proud to plead for themselves.

Any contributions sent to me to above address will be thankfully acknowledged and distributed, and

I am, Sir,

Yours truly,

CONSTANCE BEERBOHM.

48, *Upper Berkeley Street,*
London, W.
30*th June*, 1916.

ETIOLOGY OF CHOREA GRAVIDARUM.—Albrecht (*Ztschr. f. Gyn.*, No. 3, Bd. 76) points out that several theories have been advanced in order to explain the etiology of chorea gravidarum. What is most striking is the fact that it occurs exclusively in pregnant women during the ages from eighteen to twenty-five, and also that it is of particularly violent character and has a very doubtful prognosis. A number of authors are of the opinion that the chorea originates in a reflex way through irritation starting from the pregnant uterus, just as it is thought to be the case with the hyperemesis. Others regard the disease as due to infection, for which a favourable soil is produced by the pregnancy-changes in the organism. This predisposition must be brought about by poisonous substances, originating either in the mother or placenta (Marinesco) or in the fœtus (Hirschl). The majority of recent authors regard chorea gravidarum as an auto-intoxication, and this view receives support from the fact that the chorea is often accompanied by such symptoms as albuminuria, rapid pulse with normal temperature, hyperemesis and psychoses such as hallucinations, acute delirium or mania. As a clinical corroboration of the interpretation of chorea gravidarum as a gravidity-toxicity, the author relates a case of prompt recovery from a relapsing chorea gravidarum after serum therapy. As the patient had for some time been treated unsuccessfully with sedatives, she was given an intra-gluteal injection of 20 c.cm. of normal pregnancy-serum. Twenty-four hours later she was permanently cured. This case gives encouragement for further trials, in order to improve the prognosis, which after the frequently practised artificial interruption of the pregnancy shows a mortality of fifty-four per cent. There appears also to be a direct causal connection between chorea minor and disturbances of the interned secretions during puberty.—*Medical World.*

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Annals of Tropical Medicine and Parasitology. Vol. X., No. 1. Issued by Liverpool School of Tropical Medicine. Royal 8vo, pp. 165. (University Press, Liverpool. Net 7s. 6d.).

Garr (William) I. K. Therapy in Pulmonary Tuberculosis. With a Summary of Cases and Forty-two Illustrative Charts. 8vo, pp. 82. (John Wright. Net 3s. 6d.).

Gaskell (Walter Holbrook). The Involuntary Nervous System. With Col. Figs. 8vo, pp. 188. (Longmans. Net 6s.).

Lane-Claypon (Janet E.). Milk and Its Hygienic Relations. 8vo, pp. 356. (Longmans. Net 7s. 6d.).

McDonagh (J. E. R.). Links in a Chain of Research on Syphilis. (Oxidation and Reduction). Being the Hunterian Lectures delivered before the Royal College of Surgeons, March, 1916. 8vo, pp. 210. (Harrison & Son. Net 5s.)

Moor (C. G.) and **Partridge** (William) Aids to Bacteriology. 3rd ed. 18 mo. swd., pp. 286. (Baillière. Net 3s.).

Nall (Samuel). Aids to Obstetrics. Revised by C. J. Nepean Longridge. 8th ed. 18mo, swd., pp. 224. (Baillière. Net 2s.).

Preston (Howard M.). The Roller Bandage. The Application of the Roller Bandage shown by Illustrations and Text. With an Introduction by James Cantlie. 18mo, swd., pp. 132. (Bale & Danielsson. Net 1s.).

Stewart (Purves) and **Evans** (Arthur). Nerve Injuries and Their Treatment. Oxford Medical Pub. 8vo. pp. 220. (Frowde & Hodder. Net 8s. 6d.).

Williamson (Oliver K.). The Prevention of the Common Cold. Methuen's Health Series. Cr. 8vo, pp. 118. (Methuen. Net 1s.).

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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowen, Putney Hill, S.W.*

Letters to the Editor requiring personal reply should be accompanied by stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Simpson, Birkdale—Miss Beerbohm, London—Dr. R. Day, London—Dr. Chaney, U.S.A.—Lieut. Patten, B.E.F.—Dr. Burwood, Aldeburgh—Dr. Burford, London—Dr. Ridpath, Sunderland—Dr. Weir, London—Dr. Tyler, London — Dr. Gibson Miller, Glasgow.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom. Envoy. — Med. Century. — Rev. Hom. Française. — H. Recorder. —L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med.Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon. — Pacific Coast Jour. of H.—Journal B.H.S.—Calcutta Jour. of Med. —Le Propagateur de L'Homœopatie.—Från Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician —Iowa Homœo. Journal. — Homœopathisch Tijdschrift.

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THE

HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1916.

DUCTLESS GLANDS.

In the pharmacy of the middle ages preparations of animal tissues were frequently used, though on a fanciful basis of pathology and for reasons that would seldom commend themselves to us to-day. Now, however, with the advance of our knowledge of some of the more intimate processes of life mechanism, we find ourselves realising conditions of excess and of deficiency of "internal" secretions and empirically endeavouring to use preparations of the ductless glands to combat many disease conditions. Enough success has been obtained to concentrate many hopes and much endeavour in this field. We have the honour to reprint an article this month of considerable interest in regard to Thyroid therapy. To homœopathists however, beyond the hope (always welcome) of new weapons for good, lie some very interesting problems. Is it not conceivable for instance, that some of the profound effects of the great polychrests are made through the mechanism of one or more of these glands, the drug acting profoundly upon (perhaps) thyroid or adrenal or pituitary and so influencing the whole body in the almost miraculous way which we sometimes rejoice to see? If this is so, we ought to find evidence in this way: the conditions which we learn to attribute to

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ductless gland affections should consistently indicate a drug or drugs, and the use of the drug or drugs should consistently benefit those conditions. We ask our readers to bear this possibility in mind, and look for any evidence that may help towards the solution of the problem.

PROPHYLAXIS OF TETANUS.—Kummell (*Berl. klin. Wchenschr.* April 17, 1916, No. 16, pp. 413-440) has been making special inquiry in various German hospitals as to the occurrence of tetanus during the ten or eleven months since the wounded have been given a prophylactic intramuscular injection of 20 units of tetanus antitoxin as a routine measure. In one hospital that had previously had numerous cases of tetanus, the only case since among the 700 severely wounded was in the man who by some blunder failed to get his intended injection. Among 1,555 severely wounded men only one case of tetanus developed, but this proved fatal. He has found that during the period in question only forty-two cases have been known in army circles, although the soil, the weather conditions, etc., are practically the same as the year before when the disease was so prevalent. Of this forty-two only seven of the men had received a prophylactic injection. The incubation period ranged from five to twelve days. Aschoff and Robertson last year reported a compilation of sixty-six cases of tetanus which had developed notwithstanding a previous prophylactic injection; thirty-six terminated fatally, but the injection was made very late in all but eighteen, and nine recovered in this group of eighteen. Kümmell emphasises further that according to all reports the protection conferred by the antitoxin lasts for only fifteen days, and, if the wound is very much soiled, only a week's protection can be counted on. Hence it is necessary to repeat the injection a week later if any operative measure, even the slightest, is contemplated. It is better, also, to repeat the injection before any operation for a person who has had tetanus, even though a long interval may have elapsed. Kümmell concluded by warning that a few persons seem to be especially susceptible to tetanus injection, and that it is impossible to count on effectual prophylaxis for them. It is so difficult to realise when tetanus germs are harboured in overwhelming numbers. He cites the statistics in America of Fourth-of-July tetanus as further testimony to the value of antitetanus serum proplylaxis. As to treatment, he says that no dependably favourable results have been realised to date with any method of treatment for tetanus when it is once under way.

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NEWS AND NOTES.

Notes from Salonika.

Our colleague, Major Rowse, R.A.M.C., is at Salonika. We think our readers will appreciate the following extract from a letter of his. All his friends will find it characteristic :—

" This is a rum place ! We are a few miles from the town and my tent at present, the fourth pitch I've occupied since I came, overlooks the bay about three miles as the crow flies and four miles perhaps five as the duck waddles. The town smells abominably and the natives . . . The scenery is picturesquely grand, high and mountainous. Flying and creeping vermin abound, and well, I thought I knew flies, but I find I didn't. When you have to guard your spoon between your plate and your mouth you will realise a bit what their egotistical persistence is. Just now there is a thunderstorm on, for which thanks be as the heat to-day had been appalling. Fortunately we have had nearly a week of cooler weather. A Greek informed one of the sisters of an adjacent hospital that ' all Tommies all nurses die in August.' So we ought to be in for a first-class show, especially if we make one day of it. I think you can possibly judge from my letter that I am still able to sit up, and toy with food. As a matter of fact eating is our only occupation if you exclude tent pitching and general removals and such light episodes as the levelling of ground with pick and shovel. By Christmas we shall possibly get some patients, but at present as far as the surgical side is concerned I fancy it's doubtful. I expect I shall have to fill up with medical cases. Malaria here is malignant, simply dreadful. Well, now for the present, Au revoir.

Yours ever,

Leo Rowse."

Death of Dr. Samuel Alexander's Son.

We deeply regret to have to record the death of the son of Dr. Samuel Alexander, our colleague at Southsea

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killed in France in the recent fighting. We are sure the deep sympathy of all our readers will go out to Dr. Alexander in his great sorrow.

A Note from France.

Captain (Dr.) F. Wheeler is working again in France, this time with the American Hospital at Etaples. There is clearly plenty to do, as he speaks of being in the operating theatre from 9.30 a.m. to 7.45 p.m. He adds :—" It might interest the surgical staff of the L.H.H. to know that here we use no lotions. All instruments dry, towels dry, gloves dry, skin dry-shaved, then Iodine, no compressing before operation, even of a 'clean' case We just wash hands and arms clean, then powder hands with sterilised French chalk and put on dry sterile gloves."

The Death of Lieutenant-colonel Ellis.

We regret to have to record the death of our Liverpool colleague, Dr. J. W. Ellis. He was, before the war, Lieutenant-colonel in the R.A.M.C. (retired), and received that position, attached to the Western Command, when the war broke out, and held it till the date of his death. He was for long attached to the Hahnemann Hospital and was in fact Honorary Physician there up to the last. He was highly valued as a man and as a physician, and our highest tributes of respect and admiration are due to his memory.

X-Rays in Fistula.—Instead of bismuth paste Holzknecht (*Berl. klin.. Wchenschr.*, April 17, 1916, No. 16, pp. 413-440) used cocoa butter bougies containing bismuth or other opaque substance, with a little antiseptic. The bougies are made 8 mm. long and 2 mm. in diameter, and they are easily pushed up into the fistula, one after the other, until the fistula is filled up. The bougie melts from the warmth of the body and flows into the recesses of the fistula, while the outer end of the last one, in contact with the air, does not melt and thus it plugs the orifice. A wash button is fastened over it, with plaster strips to hold it in place. A number of X-ray pictures are reproduced with the bougie filling and with the ordinary bismuth paste filling, clearly showing, they say, the advantages of the former. Bismuth paste is liable to run out and give misleading shadows.

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ORIGINAL COMMUNICATIONS.

THYROID DEFICIENCY.*

By Ivo Geikie Cobb, M.D., M.R.C.S., L.R.C.P.
Late Assistant to Out-Patient Physician, the Middlesex Hospital.

The lesser degrees of thyroid deficiency are variously known as "submyxœdema," "hypothyroidism," or more simply "thyroid deficiency." Owing to the importance of this subject, which, indeed, increases from day to day in vital importance, as our knowledge of the lesions which may be attributed to disturbances in the hormonic system becomes wider, it is necessary for us to discuss at some length this aspect of the endocrinous glands. For thyroid deficiency is of the the most vital interest to all students of medicine, if only that, when recognised early, many aberrations from normal health may be remedied or even averted by the administration of extract of the thyroid gland.

For this reason alone it behoves us to make ourselves *au fait* with the more marked symptoms of this disorder, for many of these will yield to rational therapy. Again (as in every other treatment) there is a right and a wrong way of proceeding with thyroid administration, but unfortunately this fact is not widely appreciated. Probably from the erroneous impression as to the dosage which is given in text-books of medicine and in posological tables, the dose of *Thyroid* extract is usually far too high. In any case it is necessary to proceed cautiously when prescribing this drug, for the personal factor is never more important than in thyroid therapy. We shall discuss this in more detail at the end of this article.

We commenced last week to review the opinions which are held as to the symptomatology of thyroid deficiency, and quoted the views of Leopold-Levi and H. de Rothschild. We referred to "thyroid instability," to the syndromes which these authors believe to be characteristic of thyroid excess and

* This article is a portion of a larger article published in the *Medical Press*, and now gratefully reprinted from that Journal.

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thyroid deficiency, and to their belief that the two conditions may be present successively or even concurrently in the same patient. The opinions expressed by these observers are important, for they have made a careful study of the thyroid gland and its disorders, and their conclusions are of the greatest help to anyone wishing to familiarise himself with thyroid dosage.

Harrower quotes in his book on "Practical Hormone Therapy" from Leopold-Levi and H. de Rothschild's book on "La Petite Insuffisance Thyroidienne." These authors say: "Considerable importance attaches to minor thyroid insufficiency, for, unlike myxœdema, it is very frequent. It should be also especially interesting to the physician because of its usually rapid response to treatment. Clinical experience is the basis of these deductions, just as it was the original basis of the present knowledge of the stigmata of hypothyroidism."

Now, let us spend some time in studying those points which are generally considered to be typical of thyroid insufficiency. We have already studied the main symptoms, and the manner in which normal physiological processes are altered in the absence of perversion of thyroid secretion. (1) Our object now is to study the type which makes one look for symptoms rather than the symptoms themselves.

The following may be said to be points in bodily construction which suggest faulty thyroid secretion. As we have already said, these patients are small. Their stature is frequently diminutive, while the development of their soft structures is excessive in proportion. There is also present, according to Hertoghe, a relaxed condition of the articular ligaments, which permits of over-extension of the joints. Thus, we shall look for what is known in popular language as "double-jointed" people. The patient to whom we referred in the last article of this series (in whom symptoms suggestive both of excess and insufficiency were present) showed this symptom remarkably well. She was able to bend her fingers back until the nails almost touched the back of the hand. In this connection Hertoghe refers to a man

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who had been under his care for a number of years suffering from thyroid insufficiency in whom there was spontaneous painless dislocation of the patella. So impressed is Hertoghe with the changes in this respect that he says "it is possible, with very little practice, to judge of the degree of thyroid inadequacy merely by squeezing the patient's hand." (2) He says that these hands give the impression when squeezed of a "glove filled with clay."

The present writer is certainly of the opinion that the relaxation of the ligamentous structures in sub-myxœdema is something more than an artificial symptom. He has noticed it in a number of patients affected with this disease, in which the diagnosis was confirmed by treatment.

In children certain signs of thyroid deficiency have to be added to those which one must look for in an adult. Thus, while growth is impaired and stature infantile, we have learned to expect a protuberant abdomen, a lumbar lordosis, due to relaxation of the spinal ligaments, sometimes abnormalities of development such as umbilical hernia, undescended testes, and so on.

Again, as such children grow up, they continue to show these and similar signs, which are more noticeable owing to adolescence. The sexual development is delayed, immature sexual organs only being present in many cases, the stature remains stunted, and there is faulty mental development. The exhibition of *Thyroid extract* serves to increase stature, remedy faulty development in other directions, and even to abolish symptoms such as umbilical hernia. If omitted too soon, or if given in insufficient doses, the improvement is apt to cease and the growth to stop.

This, then, is what to expect in sub-thyroidic children; if exaggerated, we meet cretinism. Such children are deficient in hair, and may even show more or less generalised alopecia. This, when combined with the infantile expression of the face, should at once make one suspect thyroid deficiency. The child may be small for his age; he may present one or more of the stigmata referred to above; and,

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finally, the diagnosis is clinched by the exhibition of *Thyroid extract* and the resulting improvement.

So much, then, for thyroid deficiency in a child. What produces this is a more difficult question. There can be little doubt that in many cases the tendency is an inherited one. These children often come from stock which can be shown, on careful examination and questioning, to be subthyroidic; in the same article Hertoghe quotes a case of infantilism of the Lorain type, the mother of the child being a myxœdematous subject of a benign type.

Like many other diseases, pre-natal conditions must be *blamed for many of these* cases, and it will have already been noticed how some of the defects, due to imperfect development, are more or less directly traceable to the thyroid gland, as they are remedied after birth by the administration of the extract of this gland. In support of this witness the umbilical hernia in Hertoghe's case; and note how it cleared up when the child had been taking *Thyroid* for some time. Again, it will be remembered that such stigmata as imperfect development of the bones are among the signs of inherited syphilis; while it has been shown (3) that the administration *of Thyroid extract* is as efficacious as *Iodide of potassium* in healing tertiary syphilitic lesions. The connection between the two facts "gives one furiously to think," as our Allies across the Channel say.

Two other functions of the thyroid are pertinent to our study. First, we have to remember the theory which deals with the "anti-toxic" power of this gland; and to bear in mind that if this is true, the subjects of any kind of thyroid deficiency must needs be more open to bodily infection, either from so-called autogenetic or heterogenetic sources. Second, as pointed out by Hertoghe, the life of each cell of the body, considered as an individual, is relatively a short one. It serves its purpose, degenerates, and is excreted from the body by one of the normal channels. For this to be performed, however, in a normal manner, the presence of thyroid secretion is necessary; for, in its absence, such cell-elimination does not follow

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its usual course. Hence, the vast increase in the subcutaneous tissue which is present in myxœdema, and to a less degree in sub-myxœdema. As is so well known, this gives rise to œdema, or, to be accurate, to increased subcutaneous tissue, which pits on pressure. Extract of thyroid gland diminishes this abnormal subcutaneous tissue, and in so doing lessens the bodily weight. The excretion of nitrogen is increased by this extract, so that the elimination of broken-down cells is restored to normal—another reason for the reduction in weight under *Thyroid* feeding.

As we have said already, the submyxœdematous patient is habitually constipated, and this may have an effect to which we drew attention in a former article. These patients show many of the signs upon which Lane lays emphasis as indicative of intestinal stasis; in fact, one of these signs is atrophy of the thyroid. The question to be answered is this: Is the atrophy of the gland due to toxins from the alimentary canal (in which case the signs may be due to this latter factor), or are both the atrophy and the other stigmata due to the same cause, namely, alimentary intoxication? Or, in other words, is the atrophy of the thyroid primary, in which case the alimentary stasis is secondary, or is the atrophied thyroid gland directly due, as Lane maintains, to alimentary toxæmia?

I have seen cases which would argue that Lane's view is the correct one; on the other hand, many patients impress one more in favour of the theory that the thyroid atrophy is responsible for the signs to which both the supporters of the alimentary theory and those who uphold the "primary thyroid deficiency" theory lay claim. A few days ago I saw a lady who was complaining of vague pains in the extremities, dry and itching skin, languor and lack of mental alertness, and constipation. On examination I found a swelling of the thyroid gland, a slow pulse, and an ichthyotic condition of the epidermis. Furthermore, there was a good deal of evidence of intestinal stasis, such as meteorism, offensive flatus, insufficient motions even after a

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purge, and digestive disturbances. To many of those students who have read Sir Arbuthnot Lane's latest work upon the subject of intestinal stasis, the signs indicative of intestinal stasis were all (I refer to the main signs, and not to the smaller indications) present. At the same time the student of opotherapy would find most of the signs which he had learnt to regard as pathognomonic of thyroid deficiency, present in this case. The stature was small, the hair atrophic, the skin dry, the pulse small, the bowels costive. I need hardly enumerate the other well-known signs.

There I must leave the discussion of the primary cause, as there is insufficient evidence to warrant us in dogmatising further on the why and the wherefore of thyroid atrophy.

* * * *

In reading the mass of literature which has accumulated of recent years on the subject, the reader is struck with the many different signs, which are believed by the majority of observers of organo-therapy to be caused by thyroid deficiency. Even if at first glance one is inclined to believed that the clinical picture of submyxœdema is exaggerated, if one realises what a severe degree of thyroid deficiency produces, one can scarcely doubt that a minor degree might very well completely alter the individual, although in a slighter degree; indeed, in the very mild cases to so small a degree as to make the change all but imperceptible.

The main object of these articles is to bring before the notice of those whose time does not permit of the perusal of the latest physiological and clinical research, the practical points in connection with the ductless glands, so that a greater percentage of patients who might be helped by organo-therapy (and who will in all probability be helped by no other means) shall benefit by our knowledge, which has increased every year since Murray's original discovery. The study of the changes wrought in the various parts of the body by an absence or diminution in the secretion of the thyroid are so numerous that it will be best to deal with them separately, classing them under the different

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bodily systems. We will therefore study them in this way.

The Influence of the Thyroid Secretion upon the Cell.

Throughout life the living cell requires certain hormones if it is to follow the normal cycle of life. Thus if starved of thyroid its growth is impaired; administer to the individual organism the extract of this gland and growth is resumed. This is shown by the behaviour of cretins to thyroid feeding—they improve in every way under such treatment, but relapse if it is stopped or diminshed. We have already pointed out that broken-down cells which should be eliminated are retained and stored (in a form that originally was thought to be mucinous) if the thyroid secretion is diminished. Thus the cycle of growth and decay are both interfered with if the endocrinous system is disturbed. In association with this, we must explain one or two important facts. The subject of thyroid deficiency is never "fit"—he is generally tired, he finds work a burden, and whether his employment is physical or mental, he requires a "push" before he can make himself take up his tools. Again, his mental apparatus fails him, his memory is unreliable, he cannot recall either recent or past events; his attention wanders; his concentration is never at its brightest when he wishes to solve a problem; and, in a word, he is sluggish mentally as he is languid physically. He is neurasthenoid.

The muscular, in association with the subcutaneous, ligamentous, and fascial systems, undergoes infiltration, while the nerve-cell "suffers derangement of nutrition." It becomes "infiltrated, and it also undergoes compression, as the result of the infiltration of the connective issue surrounding it. Hence, the transmission of motor and sensory impulses, both voluntary and involuntary, though delayed, is in no sense abolished. The reflexes are tardy, but they are present." (4)

Therefore, the cells of the nervous system are embarrassed in a double manner—from within and without. The infiltration of fascia, of muscle, and of sheath

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must, of necessity, exaggerate the difficulty of exertion. This would apply both to physical and mental exertion.

Symptoms Referable to Nervous Tissue.

Apart from the mental sluggishness, which we have already described, these patients suffer from a variety of ailments more or less directly referable to the nervous system. Thus, they are very liable to headache, which is usually frontal, but occasionally occipital. The two forms, however, are rarely merged. The headache of thyroid insufficiency is, in nearly every case, worse in the morning, improving as the day wears on.

Giddiness is another constant symptom, with which is associated, in some cases, a " swimming " sensation. Tinnitus aurium, either in the form of buzzing, roaring, whistling, or shrieking noises, is common, while these patients sometimes experience even more serious sensory disturbances, such as hearing voices, the ringing of bells, etc. (5) In practice, many such cases have been benefited by the administration of *Thyroid extract*. So far as I am aware, there is no evidence that true vertigo is seen, although I have prescribed this extract for one or two patients in whom the giddiness and dizziness were very similar to true vertigo.

We have already referred to the functional nervous changes which are seen in thyroid deficiency, of which somnolency is, perhaps, one of the most marked. These patients seem to be able to sleep very soundly at night, after every meal, and at any other time when the opportunity offers. Most subthyroids complain of their marked tendency to slumber at all times; and the more intelligent find that it is sufficiently marked to be abnormal. In spite of this, these patients do not wake up refreshed, and they feel worse in the morning than they do at night. Hertoghe suggests that in all probability the thyroid neutralises the toxins generated during the hours of activity during the night, that is, under normal physiological conditions; but, that this does not happen in the subject of thyroid deficiency. (6)

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We have already dealt with the changes in the mental apparatus which must be looked for in submyxœdema; to the confusion of mind and the lack of mental initiative we must attribute the slowness of thought, as well as the lack of confidence which these patients show. To these facts also we must attribute the undue exertion which any work demands from these patients.

The Subcutaneous and Muscular Tissue.

The thickening seen in thyroid inadequacy is characteristic. It involves all tissue, according to most observers, but in certain areas it is laid down more or less in "heaps." Thus, the nape of the neck down to the last cervical vetebra shows a thickening, while in the last-named area is almost always seen a mass of fat which resembles a lipoma. Particularly is this so in adult patients—more especially in the female sex. The head is held somewhat forward (Cassowary neck), so that the cervical deposit appears more prominent than is really the case. The shoulders of such patients are broad, while the clavicular regions contain pads of fat.

Such deposits of fat as these are more or less dependent on sluggish circulation, and therefore, regions such as the abdominal wall are apt to suffer. The flanks and back are, in adult patients, enlarged by rolls of fat, while the bones of the extremities are sunken in an envelope of adipose tissue. At the same time this deposit is not solely fatty, nevertheless it adds to the body weight considerably and hampers bodily activity. The entire subcutaneous integument appears to be thickened, and this thickening can be made to pit on pressure, although the pitting disappears as soon as the pressure is relaxed.

As regards the changes in the muscular system, we can, by reason of these changes, explain several symptoms from which these patients suffer. The muscles are burdened with fat and mucinous infiltration, so that their size is increased and their drainage insufficient. Muscular movement is hampered, so that the metabolic exchanges are even more restricted. Hence the dislike of active exercise which these patients

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invariably show. Again, the increase in the volume of the musculature leads to discomfort, if not actual pain, which latter may be vastly relieved by the exhibition of *Thyroid extract.*

We will now briefly discuss the glandular changes which occur. It is well known that children who are the subjects of thyroid inadequacy are very prone to the development of adenoids, and that this is one of the characteristic stigmata of this condition. Again, in such subjects the enlargements of lymphatic glands is common, and some thickening of these structures is frequently observed.

Sweating is practically unknown in submyxœdema, *per se*, and in consequence there is some increase in the secretion of the kidneys, with a tendency of nocturnal enuresis. The solids of the urine are, of course, diminished, but increase enormously when the patient is taking *Thyroid.* The nocturnal enuresis from which these patients suffer, is in part, at any rate, due to the extreme heaviness with which they sleep; and for some years now *Thyroid extract* has been prescribed empirically for this condition, although the underlying causation was not understood in the same way as it is now. This medication has given very good results in many cases, but it is almost infallible where the underlying condition is one of thyroid inadequacy.

The absence of adequate secretion from the skin —and these subjects never sweat—results in a stagnant condition of the liver—and according to Hertoghe, this results in itching of the skin—the icterus of myxœdema. It may also assist in the intense drowsiness, if not also in the slow pulse; but even if so, it would only be a contributory factor. It is, however, quite conceivable that the constipation is due to diminution of the normal biliary secretion in the intestine—the rational natural laxative.

The Osseous and Cartilaginous Systems.

The delayed growth resulting from a deficient thyroid secretion is too well known to demand lengthy description. So long as the epiphyses are not ossified,

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there remains the possibility of renewal of growth under *Thyroid* feeding. This can be ascertained by the Rontgen rays.

Again, myxœdema produces its characteristic infiltration in the joints, and their ligamentous structures. This causes crackling in the joints, and gives the impression of a rheumatoid condition. When this sign is present, therefore, a careful search should be made for other symptoms pointing to thyroid deficiency. It has been said that delayed junction after fracture is very common in sub-thyroidic subjects, and that the bone unites on the exhibition of *Thyroid extract.*

Epidermal Symptoms.

The dry rough, and ichthyotic skin which characterises these subjects has already been described. From their point of view, this is probably one of the most troublesome features, as the inconvenience of a generalised itching cannot well be exaggerated. There is little to be seen on examining the skin of these patients beyond what we have already described. The hair suffers in common with other epidermal appendages. The nails are brittle and grooved, or they may be actually cracked. As we have already said, the "eyebrow" sign, first described by Leopold-Levi and H. de Rothschild, is of considerable diagnostic significance. There is a sparseness of the outer third of each eyebrow, with a scarceness and partial falling out of the whole eyebrow. This feature can be seen in many subthyroidics, and should always be remembered when looking for confirmation evidence of a suspected inadequacy of this secretion.

Pigmentation of the skin, perhaps more commonly seen on the forehead, and raising of the eyebrows, are both characteristic; while the lips are usually thickened, and the mouth tends to open. The changes in the facial characteristics give an unusually stupid appearance to the patient, but this changes under thyroid feeding. The more marked instances of thyroid insufficiency develop countenances which resemble nothing so much as a porker; and the change which is brought about in the expression as treatment

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proceeds is most gratifying to the patient himself as, well as his relatives and friends.

In adult subthyroidics, the hair is prematurely grey, and this change in colour is usually more marked over the temples. In the case which I published in the *British Medical Journal* of June 20th, 1914, this feature was well shown, although the patient was a young man about twenty-eight years of age. If the hair is a normal colour, it is frequently without gloss, and is brittle and "lifeless." Patches of alopecia are common, and the scalp as a whole is dry and scaly.

It must be remembered that pigmentation of the skin is seen in both thyroid deficiency as well as in the thyroid excess, and that it is a characteristic feature of Addison's disease. As a diagnostic symptom, therefore, it is not of any great value.

Sexual Symptoms.

During childhood, the diminution or absence of the thyroid secretion prevents the normal development of the genital organs at puberty. In fact, such patients grow up to adult years without any change from the infantile character of these organs. Indeed, in some cases, more serious defects are seen, for cryptorchidism, either complete or unilaterial, may be present. In cretinism, of course, there is no development of any sexual characteristics, and the child remains in this aspect unchanged.

Graves' disease produces a diminution of the periods, either with scanty menstruation or amenorrhœa. The reverse is true in submyxœdoma, for here is a tendency towards menorrhagia, although the periods do not as a rule develop until the patient is well past the usual time. The uterus remains undeveloped, or at all events partially so, while the ovaries are likewise immature. There is sometimes a marked retroversion.

The changes brought about in thyroid inadequacy by pregnancy are for the best; while the patient is pregnant the thyroid secretion is increased, but unfortunately this improvement is not permanent, and she retrogresses so far as this is concerned after

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delivery. Immediately after delivery there is too much secretion, but later this ceases, and the former condition of sub-thyroidism is reverted to. According to Hertoghe, some of the increased thyroid secretion is directed towards establishing uterine involution, while another function of this important secretion at such times is to establish lactation.

Gastro-Intestinal Symptoms.

In considering the gastro-intestinal symptoms of thyroid inadequacy, we again must refer to the syndrome, which Lane attributes to intestinal stasis, but which observers in organotherapy claim to be caused by the thyroid. "These are hypothermia, uncontrollable headache, rheumatoid pain and neuralgia, mental depression, dyspnœa, asthmatic attacks, premature greyness and baldness, dental caries, cholelithiasis, and brownish pigmentation of the skin." Thus Hertoghe refers to this syndrome, and he attributes the gastro-intestinal symptoms of thyroid insufficiency to infiltration of the muscular tissue of the intestines causing partial paresis. This in turn leads to ptosis, or partial ptosis, and then we have kink-formation and the other features so carefully described in Lane's book. (7)

We must emphasise in passing what we believe to be a very important aspect of this condition, namely, weakening of the abdominal wall, which fails to give that support upon which the intestines have come to rely. This may be due to degenerative processes of an infiltrative nature, or to some other cause, but in any case the weakening helps the intestinal derangements. This in turn affects the digestive functions; appetite, which is notoriously capricious in subthyroidics, is poor; digestion imperfect, and assimilation lessened. These patients are always weak and incapable of sustained effort. This is probably due in part to the causes already enumerated, and partly to deficient assimilation of food.

The association between subthyroidic conditions and septic affections of the alimentary tract, such as appendicitis, has often been commented upon,

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while it is said that the relation between tonsilitis and appendicitis is a close one.

Rectal hæmorrhage is said to be common in this condition, and, according to Hertoghe, it is due to premature thickening of the rectal veins and to the deficient coagulation of the blood. Just as the monthly period is apt to be excessive, so is the hæmorrhage due to piles, etc., liable to be copious.

Conclusions.

We have now outlined the main changes which may be observed in subthyroidic patients, and the chief signs by which the condition may be recognised. All that now remains to be done is to summarise our conclusions in a few words, and to outline the treatment.

Whether the condition is in evidence during childhood or not until after adolescence, the main features are characteristic. The change in the bodily temperature is constant (a subnormal temperature is nearly always present) likewise the pulse is slow. These two points should always be investigated. Having determined the condition of the temperature and pulse, the skin and hair should be examined and a careful investigation undertaken to determine the bodily weight, and the characteristics of the subcutaneous tissue. The deposits of fat, if present, should be localised. On the other hand, the patient may not necessarily be obese, if the degree of thyroid deficiency is slight. In such cases careful observation must be utilised to ascertain whether other signs are in evidence, and if so, whether the sum of the signs and symptoms point to submyxœdema. The condition of the digestion and the bowels should be ascertained, the nature of the monthly period in women, the presence or absence of sensations of chilliness, of flushings, of pains in the limbs, and of rachialgia, determined.

Having reached this stage in the investigation, the further points which suggest themselves for examination deal with the minor changes which are characteristic of this disease. Any change in the voice, in the expression, or in the mental outlook,

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which either the patient or her relatives has noticed, is of importance. The functional efficiency of the patient should be studied, bodily weakness and fatigability examined, and the patient questioned as to the length of time these changes have been noticed.

All the minor points are important as the question of treatment depends upon these. We cannot emphasise too strongly the fact that so far as submyxœdema is concerned, the initial dose should be small. Even if this should be so small as to appear to the inexperienced prescriber to be useless, it is infinitely preferable to order a small dose, and to continue this over a lengthy period, than to commence a big dose and have to suspend treatment on account of untoward reactions.

In severe cases, *i.e.*, where definite myxœdema is present, the initial dose may be larger; but such cases do not nowadays form the majority of patients, as they are usually far outnumbered by the patients who show the signs of minor degrees of hypothyroidism. Where myxœdema is present the patient may be given one, two or three 5-grain tablets of *Thyroid* substance in a day; or if it is preferred, a liquid preparation may be prescribed such as *Elixir Colloid* (Squire), or the *Liquor Thyroidei*, B.P. The dose of *Elixir Colloid* is from one or two drachms, but even smaller quantities may be given (one drachm represents 1½ of the dry extract); while the *Liquor Thyroidei* is given in doses ranging from five to fifteen drops. Needless to say, these doses must be given entirely according to the individual case, as under no circumstances should thyroid medication be undertaken by rule of thumb. Each case must be treated on its individual characteristics, the length of time in which the disease has been manifest, the degree of thyroid deficiency and the alterations in the patient which this has produced.

When we come to the treatment of the lesser degrees we cannot speak so definitely. The initial dose should always, as we have already indicated, be small. The drug should be increased after some days or weeks, and it should be regarded as a failure of *technique* if

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the prescriber ever has to reduce the dose owing to commencing with too large a quantity. He should, so to speak, feel his way, looking carefully for the changes which will show that the drug is doing its work. The temperature will approximate to normal almost from the first, certainly as the circulation feels the result of the additional *Thyroid extract*. The pulse will increase in rate, and, if charted, will show a steady approximation to the normal. It must be remembered that these patients are often small, and that small people have, under normal conditions, a more rapid pulse than large individuals. When we find, therefore, that a small patient has a slow pulse we should seek for the reason. Again, the subjective symptoms will improve under thyroid medication; the feelings of languor, the extreme chilliness, the depression and the general discomfort will diminish in severity.

Provided that such changes are looked for and noted as they appear, it will be safe to increase the dose, should they be delayed or incomplete. The administration of *Thyroid* is both an art and a science; an art because of the skill required to apply correctly the knowledge gained of thyroid therapy, and a science because of the exactitude of such application, which is essential if we wish to achieve the best results.

In cases of submyxœdema, it is far better to err on the side of caution—*i.e.*, of too small doses—than of rashness. The former can be remedied as the reaction of the patient indicates; while the latter may not only lose the faith of the patient in this remedy (which is, if the diagnosis be correct, the only remedy), but may even make the prescriber doubt his own judgment. One-tenth to one-quarter of a grain should form an initial dose, certainly in the majority of cases—which, when all is said and done, are in the main minor degrees of deficiency. This may be given two or three times a day, and increased to half a grain, one grain, or even two grains three times a day. Generally speaking this is quite a sufficiently large dosage. There are cases of submyxœdema which require larger doses, but they should only attain to these after a long administration.

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One other word of warning, and we may conclude. The prescriber must be able to rely upon his preparation. He must know that the percentage composition is constant, that it contains a due proportion of *Iodine*, and that it is fresh and has not reposed on a shelf in a local chemist's shop for many moons. *Thyroid extract* degenerates, and when this happens it becomes inert; and it does not take long for this to happen. If the patient fails to react, we must remember that the quality of the drug may be at fault, and not the diagnosis. So long as the drug is fresh, it matters little whether it be given in the form of dry extract, liquid extract, or one of the many prettier preparations on the market. The prescriber must know what he is prescribing, or he will be unable properly to check progress.

Finally, as the treatment proceeds, a careful watch must be kept upon the temperature, pulse and weight, for mainly on these points can the supply of thyroid extract be regulated.

References.

(1) *The Medical Press and Circular*, June 14th, 1916.
(2) *The Practitioner*, Vol. 94, No. 1.
(3) "The Newer Physiology in Surgical and General Practice," by Rendle Short, p. 85.
(4) *Ibid*, pp. 40-41.
(5) Hertoghe quotes Murray in saying that these patients show a marked disinclination to discuss these symptoms, and asks whether this is due to the fact that such hallucinations show a marked resemblance to those associated with alcoholism. They are due, Hertoghe believes, to infiltration of the nervous centres, or to more local infiltration such as thickening of the aural mucosa, Eustachian tubes, and the naso-pharynx.
(6) In myxœdema, Brun and Mott have shown the presence of subacute general chromatolysis of nerve-cells.
(7) "Chronic Intestinal Stasis."

GENERALLY ACCEPTED METHODS FOR ARTIFICIAL FEEDING OF INFANTS, WITH INDICATIONS AND CONTRA-INDICATIONS.*

By Orville R. Chadwell, M.D., Boston, Mass.

Many infants deprived of breast milk present a feeding problem which often causes perplexity and

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chagrin to the physician. If the latter is familiar with these following generally accepted methods of modifying cow's milk, and knows when and why to apply them, he may be saved many unsatisfactory experiences.

I. Simple Dilution of Top Milk, Whole Milk or Skim Milk with Water, and the Addition of Dry Milk Sugar.

This method is probably the one most commonly followed by the average physician.

In *theory* this method varies the percentage of the elements, *i.e.*, fat, sugar, and protein, to the individual case, approximating the percentage of these elements to the ability of the child to digest them.

In *practice*, while it is valuable because of its elasticity, inasmuch as the various elements may be so proportioned as to resemble mother's milk, it frequently fails because it ignores the chemical difference in the fat of cow's milk and also the difference in the casein or curd proportions which make up the proteid element in cow's milk.

However, it is *indicated* for the majority of cases which have been fairly well started on breast milk or in a robust baby from the start. The popular formulæ given in the small books for home use by Dr. Holt and others are based on this method.

(It is *contra-indicated* in

(*a*) Very young or premature children, where the split proteid method better applies. (See V.)

(*b*) In toxic diarrhœa (where putrefactive bacteria should be fed a minimum of proteid).

(*c*) In cases where vomiting of casein or curd is a prominent symptom. Here one should consider the addition of alkalies (see II.), or the use of a cereal diluent (see IV.), or perhaps the formula should be boiled (see X).

II.—The Addition of Alkalies to Milk Mixtures.

A good many physicians are in the habit of adding some alkali to almost any milk mixture they may prescribe. In *theory* they are used either to delay coagulation of the casein, *i.e.*, curd formation, or to

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hasten the emptying of the stomach, or to chemically change the formation of the curd. The three alkalies commonly used are *Lime water, Sodium bicarbonate* and *Sodium citrate.*

In *practice* the percentage of alkali added to a mixture is best estimated in relation to the amount of milk and cream in the whole mixture. Of lime water, 20 per cent. of the milk and cream will generally sufficiently delay curd formation. If 50 per cent. of the milk and cream be lime water there will be no gastric digestive action, and the food passes directly into the duodenum.

If *Sodium bicarbonate* is used, about 1.7 per cent. of the milk and cream will prevent curd formation.

The theory in the use of *Sodium citrate* is that the casein will be coagulated in the form of a more readily soluble *Sodium paracaseinate* instead of *Calcium paracaseinate.* In practice .2 of 1 per cent. seems to make the casein more easily digestible.

The *indications* for the addition of alkalies are in all cases where vomiting is the chief symptom, particularly when it is evident that the cause is casein indigestion.

This method is *contra-indicated* unless there are reasons for the addition of the alkali.

III.—The Addition of Other Sugars than Milk Sugar.

Most commonly maltose (malt sugar) combined with dextrin is added. Occasionally there is indication for the use of saccharose (cane sugar).

Milk sugar as found in human milk is used by the infant in two ways. It is split by the ferments into dextrose and galactose. The former only is absorbed and burned for energy, that is assimilated, while the latter provides food for the normal bacteria of the intestinal tract, that is fermented.

Malt sugar is split into dextrose and dextrose, so that in *theory* where rapid and complete assimilation is desirable, maltose is added in place of lactose, with the result of more rapid and complete assimilation of the sugar element, and consequently with more rapid gain in weight and energy for the infant. This particularly is so in those unable to take normal amounts of fat.

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In *theory* also cane sugar is rather more completely assimilated than milk sugar.

The result in *practice* of the desirability of using maltose as a substitute for milk sugar has been seen in the success following the use of several of the proprietary foods, particularly Mellin's Food, Malted Milk, etc., which is practically a combination of maltose and dextrin, and it is undoubtedly because of the presence of this malt sugar content that they have gained their place in the artificial feeding of babies. The dextrin content in these foods seems also to have a mechanical or colloidal action on the casein of cow's milk, thus rendering it more easily digestible. The reasons behind the successful use of these foods were not properly appreciated by the medical profession for about one generation, but latterly these mixtures have been complimented by the appearance on the market of more "ethical" preparations of dextrin and maltose. The malt soup mixtures come under this method of substitute feeding.

The success of condensed milk (largely cane sugar) in occasionally giving the baby a food in form to be easily assimilated, again illustrates that milk sugar is not always the best sugar for the infant.

The use of malt sugar is *indicated*

(*a*) in severe atrophies,

(*b*) in cases of fat indigestion not having reached the atrophic stage,

(*c*) where there is slight curd indigestion shown by some vomiting and slow gain in weight,

(*d*) where there is excess of intestinal fermentation with gas and colic.

(*e*) where for the sake of simplicity whole milk dilutions are desirable. Most of the post-natal clinics and baby hygiene conferences advise this simple method of modification among the poorer classes which they touch, and many physicians in their private practice to-day appreciate the ease of feeding babies on whole milk mixtures combined with dextri-maltose.

The *contra-indications* are not prominent. Chiefly in the simple acute diarrhœas where lactose by supply-

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ing fermentative media, more easily restores the normal bacterial balance.

IV.—The Addition of Starch in the Form of Barley Water, etc.

In *theory* there has been much speculation as to the age when an infant requires the ability to split and absorb starch. The experiments have shown that some infants can digest starch at birth, while others have deficient ability as late as one year. The metabolism of starch is the same as that of sugar as soon as the starch is split by the ferments. When it is not so converted it is either excreted as free starch in the stools or ferments in the intestine. Presumably, starch makes easier the digestion of cow's curd by its mechanical or colloidal action on the curd while in the stomach, that is, it breaks up the casein, making the curds softer finer, and more easily digested. $\frac{75}{100}$ of 1 per cent. barley starch in a mixture will give this colloidal action, and no more is needed, though more may be tolerated. In *practice* if one-fourth of the whole formula be a three per cent. cereal water, this proportion is obtained. Starch is the first food given to the infant after the milk. It may be added anyway when the teeth appear, but it may be said to be *indicated*

(*a*) in cases of curd indigestion with curds in the stools,

(*b*) in young babies who persist in a slow gain of weight without any other symptom. Many demonstrations illustrating this latter indication have again been given by the proprietary food manufacturers.

The use of starch is *contra-indicated* in cases of carbohydrate indigestion with sour, watery vomitus.

V.—The Split Proteid or Whey Mixtures.

This method at one time was hailed as the final solution of the problem of artificial feeding. The indigestible casein of cow's milk is largely removed in this method, and the proper percentage of fat and sugar result from the addition of high fat top milk and dry lactose. It is properly *indicated*

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(*a*) in the artificial feeding of premature or small babies under three months of age where there is vomiting of curds as the chief symptom.

(*b*) It may be useful in any case of casein vomiting at any age, but in older children this symptom is generally better overcome by the previously discussed methods of adding alkali or cereal diluents. (See II. and IV.)

(*c*) It is indicated in cases of pylorospasm. Whey mixtures are sometimes even better tolerated than breast milk.

The *contra-indications* are

(*a*) in the feeding of atrophic babies. These are generally advanced cases of fat indigestion and are best treated by a formula with low fat and high sugar percentage in the form of maltose, and as much protein as can be tolerated. (See III.)

(*b*) In any acute diarrhœa, where the whey offers too good a culture medium for the putrefactive bacteria.

VI.—Peptonisation.

This method is but little used in good practice. It predigests the protein elements in the milk. Too long use results in impaired capability for casein digestion on the part of the infant. The so-called peptogenic powders are largely milk sugar with the peptonising ferment added. Heat is necessary to kill the ferment, and unless fruit juices are begun early, scurvy may result.

VII.—Lactic Acid Milk.

By this is meant the addition to some milk mixture of some preparation containing the lactic acid bacillus making artificial buttermilk, wherein the casein is precipitated in very finely divided form, *i.e.*, it is precipitated instead of coagulated. Its use as a food in certain cases of indigestion is quite different from its use as a weapon for combating bacterial processes in the intestine.

There are many familiar preparations for preparing lactic acid milk on the market. It is important to have a good starter.

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Lactic acid milk is indicated

(*a*) in chronic feeding cases with persistent green movements, where the results are quite remarkable in the rapidity with which the stools return to a normal colour.

(*b*) in the acute toxic fermental diarrhœas, particularly with gas bacillus infection.

Lactic acid milk is commonly combined with precipitated casein in the formation of albumin milk.

It is *contra-indicated* where vomiting is the chief symptom.

VIII.—Precipitated Casein.

This is a combination of lactic acid milk with added casein. It is familiarly known in the literature under the name "Eiweissmilch." The *theory* behind its use is that of the complete washing of the precipitated casein, which is part of the technique in its manufacture, removes the casein salts which Finkelstein and some other authorities believe to be the disturbing factor in the cases of infantile atrophy. The casein precipitated in this form may be more easily digested. Combined with the lactic acid milk it is *indicated* where the latter is best used and with the additional advantage of giving larger amounts of casein, thus increasing the caloric value. It is commonly used in atrophic cases with bad green stools.

In *practice* it is often found very difficult to administer to the sick child, and after a few days it may well be combined with carbohydrates in the form of maltose or starch, to the better nourishment of the baby and with an improvement in the stools.

IX.—Homogenised Milk.

By this term is generally meant the addition of some foreign fat other than cream to fat-free cow's milk, choosing some fat which more closely resembles in its chemical form the fat of mother's milk, and its complete emulsification under the homogenising process. This emulsification is made so complete that the fat never again separates from the mixture, and microscopically shows itself to be divided to the very finest point.

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The series of cases observed by Dr. Maynard Ladd at the Children's Hospital and presented in the literature of the last two years, points encouragingly to this method of substitute feeding for those infants who are unable to digest any amount of cow's fat and for whom mother's milk cannot be obtained.

The fat commonly substituted for the cream is olive oil. It is generally used with some starch, with maltose as the chief sugar ingredient, and the whole formula boiled. It most of the large cities now the large milk laboratories possess a homogenising machine, so that soon one will be able to write prescriptions for the desired formula. The possibilities from this method of feeding appear very large where its use is indicated, namely, in cases of chronic fat indigestion with atrophy.

X.—Boiling.

There is no doubt but the casein of milk is rendered more digestible by boiling, a fact which may well be remembered in cases of casein indigestion, where care as to the addition of starch and cereal diluents and the choice of dextri-maltose as a sugar has not quite resulted in casein tolerance on the part of the infant. The simple boiling of the whole formula for three minutes, stirring constantly, will often cause the disappearance of the vomiting, and of the tough curds in the stools. Its prolonged use would be contra-indicated unless antiscorbutic measures were observed.

No particular originality is claimed for this grouping and classification which approximates the arrangment in most of the later text-books on infant feeding. That the ordinary feeding case will find its suitable treatment under one of these methods of artificial feeding is almost certain.

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THE ALLEN OR "STARVATION" TREATMENT FOR DIABETES.*

So much interest has been created in the treatment being used at the Rockefeller Institute under the direction of Dr. Allen that the following description by Dr. J. T. Halsey (*New Orleans Med. and Surg. Jour.*, Jan., 1916) is very timely. Its fundamental details are :

1. Inauguration of treatment by a period of absolute fasting, lasting ordinarily from one to four or five days (in extreme cases for as long as ten days).

2. Underfeeding, *i.e.*, giving much less than is ordinarily considered an adequate ration, for a period of variable length following the period of absolute fasting.

3. The very careful determination of, and avoidance of, exceeding the tolerance of the patient, not only for carbohydrates and proteids (as under former methods of treatment), but also for fats, generally looked upon not only as harmless, but as actually beneficial to the diabetic, whether of mild or severe degree.

4. Careful avoidance of an increase of weight unless the patient be decidedly underweight.

When called upon to adopt so radical a departure from tried and accepted methods, it is only right to ask what are the advantages claimed or demonstrated, which may be secured by its adoption. Very briefly they are as follows :

(*a*) More rapid and certain abolition of the glycosuria, and more important still, of its cause, the glycemia.

(*b*) More rapid and more successful building up of the carbohydrate tolerance or, in other words, the ability to combust carbohydrates.

(*c*) Prompt and complete relief of the acidosis or acidemia, and, as a result, prevention of or, if present, the clearing up of that most serious of the results of diabetes, diabetic coma.

If it will do this, we will all agree that it is a treatment worth while.

Inaugural Fast.—Taking up the above in turn, the inaugural fast may first be considered in detail. In

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the great majority of any but the most severe cases this need not be for longer than from two to four days. Generally speaking, its duration should be about twenty-four hours longer than is necessary to secure a disappearance of sugar from the urine and the disappearance or marked diminution of the acidemia (if such be present), as evidenced by the reaction of the urine and the lessening of the ferric chloride reaction. If necessary, to prolong the fasting for more than two days, it is well to give about two ounces of beef broth four to six times in twenty-four hours.

It is, however, not yet possible to dogmatise as to the length of the initial fast. In some specially obstinate cases, it will be best to interrupt it by a period of careful feeding, and after a variable length of time, again fast the patient, when, as a rule, one or two days of abstinence from food will lead to a complete disappearance of the glycosuria or acidemia.

During the fasting periods the patients should drink freely of water or weak tea (no sugar or milk), and, if acidosis be present, take from four to eight ounces of whisky in divided doses. Feeble patients will bear these fasts best if kept in bed well covered and, in cool weather, surrounded by hot water bottles. It is most surprising and gratifying to see, in even desperately sick patients, an increase in strength result from a fast of several days' duration. While we can confidently expect that the acidosis, if present, will quickly diminish in intensity, alkalies should be given freely at the commencement of the fast and the dosage lessened as the urine becomes alkaline. Even though no acidosis be present, it is probably wiser to give alkalies when starving a diabetic for the first time.

That glycosuria should be abolished by absolute fasting is, in the light of former experience, not in the least surprising, for to some extent absolute or partial starvation for short periods has been a part of our treatment of certain cases, but that acidosis can be lessened and abolished by this measure is absolutely in opposition to what we have all been accustomed to believe. Did we not fear to too suddenly reduce the carbohydrates for fear of causing this dreaded

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acidosis, and we did not all believe that, when coma threatened, we should increase the ration, especially that of carbohydrates? Moreover, we knew that in the healthy individual fasting or even underfeeding was regularly followed by the appearance of acetone and diacetic acid in the urine, as evidences of the development of an acidemia. And yet it is true that in the diabetic an acidosis of high intensity may be lessened or abolished by a sufficiently prolonged fast. This demonstration of the diabetic's paradoxical reaction to fasting is the most surprising as well as one of the most important of Allen's contributions to our knowledge of diabetic physiology and therapy.

Period of Underfeeding. Carbohydrate.—Following the period of fasting, feeding should be inaugurated by giving small but gradually increasing amounts of five per cent. vegetables (see table), which, in especially severe cases, should be twice or thrice boiled in order to still further reduce their starch content. Six to ten ounces may be given the first day; then, if glycosuria does not return, these amounts may be increased by three to four ounces (90 to 120 gms.) a day until the daily ration reaches sixteen to twenty ounces (500 to 600 gms). After this the amounts should be increased daily by about three ounces (100 gms.) of the five per cent. vegetables or correspondingly smaller amounts of ten, fifteen and twenty per cent. vegetables, five and ten per cent. fruits, and later, in mild cases, such foods as bread and cereals, until the patient is taking about one ounce of carbohydrate to twenty pounds of body weight (3.0 gms. per kilo). During this period the urine should be tested for sugar and also diacetic acid, using twenty-four-hour or better twelve or eight-hour specimens. Reappearance of sugar or diacetic acid requires stopping all food for twenty-four hours and resuming feeding with about half as liberal a ration.

Proteids.—When there has been no glycosuria for two days, two or three eggs may be given, and, if no bad results ensue, these may be increased two each day until six are taken daily, or meat may be given. increasing the amount by about two ounces (sixty gms.)

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daily until the patient is taking about one-sixth ounce of proteid (about two-thirds ounce of meat) per 10 pounds body weight (1.0 gm. proteid per kilo) daily. Reappearance of sugar or reappearance or increase of diacetic acid calls for the same measures as if caused by too much carbohydrates. In severe cases with little or no carbohydrate tolerance, Joslin advises that only about three-quarters of this ration be given. In mild cases fifty per cent. more (1.5 gm. per kilo) may be given later if desirable.

Fat Tolerance.—Soon after proteids are given small amounts of fats (½ to 1 oz.—15.0 to 30.0 gm.) may be given in the form of butter or bacon (3 or 4 oz. of broiled bacon equals 1 oz. of fat). This should be increased very slowly or not at all until the patient is getting his necessary proteid ration. Then the fat may be increased by ½ to 1 oz. (15.0 to 30.0 gms.) daily until the patient holds his weight or is receiving about two-thirds oz. per 10 lbs. body weight (4.0 gm. per kilo).

In contradiction to accepted views, Allen emphasises the fact that a too liberal fat ration may lead to the reappearance of sugar or diacetic acid in the urine, and he insists that the failure to recognise this point has been a large factor in the failure of treatment in many diabetics.

Not only must the patient remain within his tolerance for each type of food, carbohydrates, proteids, and fats, but the physician must see to it that the total energy value of the diet shall not exceed the patient's tolerance. The reason for this appears to be as follows :

The diabetic organism (except perhaps in extremely rare instances) retains in varying degrees the power to combust some carbohydrate and will do this unless it can satisfy its needs by the combustion of other food materials, such as either proteids or fats. We must, therefore, constantly give the diabetic only enough food to barely cover his needs, and so, as it were, force to burn carbohydrates in place of other material. Whether this hypothesis be true or not, diacetic acid may be made to reappear in the urine by feeding too large amounts of fats.

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Control of Weight.—In diabetic patients we have been accustomed to consider a gain in weight as a good sign and as something to be desired. Here, again, Allen's view is opposed to that generally accepted. Unless the patient is decidedly under his proper weight (which does not necessarily mean his former weight), he believes that a gain in weight is distinctly undesirable and fraught with danger to the patient. As a rough general rule, he advises that the patient be brought back to a weight ten to fifteen pounds under his former figure, if this represents a fair degree of nutrition, while in obese cases he considers it best to reduce the weight, at times very decidedly.

In this connection it is absolutely impossible to dogmatise, for each case will be to a large extent an individual problem. The idea underlying the principle of limiting the weight of the patient is that both theory and experience indicate that the weakened pancreas is often able to handle the carbohydrate function only for a body of a certain limited weight, and that it breaks down and becomes inefficient when called on to do the work necessary for the maintenance of a larger one.

Periodical Fast Days.—If the carbohydrate tolerance is very low (below two-thirds oz. or 20.0 gms. of carbohydrate), a weekly fast for 24 hours must be insisted on. By less severe cases, with a tolerance up to 2 oz. (60.0 gm.), one-half the usual ration may be taken every seventh day, but on this day carbohydrates are allowed only in the form of five per cent. vegetables, and in amounts equaling one-half the usual carbohydrate ration. With higher tolerance the only limitation on the "fast" days need be the limitation of the carbohydrates to five per cent. vegetables.

These fasting or partly fasting days are of great importance and benefit to the patient for two reasons. One is that they build up and protect the tolerance. The other is that they serve to keep the patient cognisant of the necessity of care in his diet.

Those individuals who develop a fairly high tolerance for carbohydrates may finally work back to a relatively liberal diet, one to which they may

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adhere without much self-denial. Still, "once a true diabetic, always a potential diabetic," would appear to be a good maxim in this field of practice. Such patients should, if possible, be persuaded that, while they are in one sense cured, the price they must pay for a permanent cure is the persistence of care in eating, so as to take, as far as may be necessary, the strain off their permanently weakened power of burning up sugar and starch. They must also be convinced that any return to glycosuria is an imperative command to fast immediately for at least twenty-four hours, and to again undergo a period of careful dieting, which fortunately will almost invariably be far less trying than the original one.

The necessary limitations of space make it impossible to more than indicate the general principles and a few of the details of this treatment. For further enlightenment it will be necessary to refer to some, at least of the articles enumerated in the accompanying bibliography. Among these Joslin's first article should prove especially helpful, while the little booklet of Hill and Sherrick, containing a number of diets, should prove useful in carrying out the dieting.

The success or failure in any case will depend on the willingness of the physician to devote the necessary time and care to seeing that the essential details are attended to properly, and also on his ability to convince patients that "all this fuss" is worth while. Good results will in no case be obtained without considerable cost of time and trouble to the physician, and an equal or greater cost of patience and self-denial on the part of the patient, but the results will be worth while. Grave cases should, if possible, be treated in well-equipped hospitals and by those who have had experience in handling such cases, but mild or emergency cases should and can be treated by any competent physician. There is one class of case in which the writer would especially urge the trial of Allen's plan. This is in diabetics with a surgical complication, such as gangrene, carbuncle or septic infection. Up to the present nothing, as far as the writer knows, has been published about such cases, but from personal com-

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munications he knows that in such conditions this treatment has proved of striking value. Recently he has seen, with Dr. F. W. Parham, most gratifying results from its employment in a severe diabetic with extensive gangrene and still more extensive accompanying cellulitis.

Some of the accompanying tables are condensed and somewhat altered from Joslin's article:

Carbohydrate-free foods.—Meats, fish, broth, gelatine eggs, butter, oil, coffee and tea. Substitute for sugar, saccharin, which most patients do not like.

Vegetables 5 per cent.—Asparagus, brussels sprouts, cabbage, cauliflower, egg plants, cucumbers, kohl rabi, lettuce, pumpkin, radishes, rhubarb, spinach, sauerkraut, tomatoes.

Vegetables 10 per cent.—Beets, carrots, mushrooms, okra, onions, squash, turnips.

Vegetables 15 per cent.—Artichokes, lima beans (canned), parsnips, peas (green).

Vegetables 20 per cent—Beans (baked), corn (green), macaroni (boiled), potatoes, rice boiled.

Fruits 5 per cent.—Olives (20 per cent. fat), grapefruit.

Fruits 10 per cent.—Blackberries, cranberries, lemons, oranges, peaches, strawberries.

Fruits 20 per cent.—Bananas, plums.

With vegetables of the 5 per cent. group reckon only about 3 per cent. actually available and for 10 per cent. group about 6 per cent.

Miscellaneous.—Meat contains about 20 to 25 per cent. of proteid when cooked and 5 to 25 per cent. of fat, broiled bacon about 8 per cent. proteid and 30 per cent. fat, fish about 20 per cent. proteid and 10 to 25 per cent. fat, an average size egg 5 grms. or one sixth oz. proteid and nearly as much fat, bread about 50 per cent. starch, grits (cooked) about 20 per cent. starch, cornbread about 50 per cent. starch, butter 85 per cent. fat, milk $3\frac{1}{2}$ per cent. proteid and fat and 5 per cent. sugar, gravity cream 20 per cent. fat.

Bread substitutes usually contain almost as much starch as ordinary bread. Huntley and Palmer's Akoll biscuits contain only a small amount of starch

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and are well liked by many patients. Hermann Barker, 433 Broadway, Somerville, Mass., supplies several gluten flours of different carbohydrate content. Casoid flour (Thos. Leeming & Co., N.Y.) contains 85 per cent. proteid, but no starch. The writer has found that some patients get much satisfaction out of bran breads, made with equal weight of bran and flour and containing approximately 25 per cent. of starch. Hoyt's Dainty Fluffs No. 1, containing less than 10 per cent. starch and about 80 per cent. proteid, and Dainty Fluffs No. 2, containing about 25 per cent. starch, may be obtained from Pure Gluten Food Company, 90, W. Broadway, N.Y.

A sample diet for a severe diabetic weighing 60 kilograms (130 lbs.) follows (Joslin.) :

Foods	—Quantity— in grams	in ounces	Calories
Carbohydrates	10	$\frac{1}{3}$	40
Proteid	75	2.5	300
Fats	150	5.0	1350
Alcohol	15	$\frac{1}{2}$	105
Total			1795

GYNÆCOLOGY AND THE PANCREAS.—Prochownick (*Monatschr. f. Geb.*, September, 1915) discusses the relationship between the function and disease of the pancreas on the one hand and those of the genital organs on the other. As an illustration he describes the following case of pancreas necrosis: The patient had already for some years been suffering from symptoms which had been interpreted as due to inflammatory processes in the biliary passages and in the light of later observation and the result of the post mortem examination they are to be regarded as chronic pancreatic processes. The genital organs had become infected from wearing for a prolonged period a so-called "sterilette," and this infection had become aggravated during the puerperium (after pregnancy had occurred in spite of the above mentioned method of prevention), and, finally, a pyosalpinx had formed. Only after a prolonged feverish course and the formation of extensive adhesions did the pus descend so far that a vaginal opening could be made. Soon afterwards symptoms of acute pancreas necrosis set in, which in spite of an operation proved fatal. It is probable that the inflammatory and thrombotic processes, taking their starting point from the omental adhesions had brought about the fatal necrosis of the chronically diseased pancreas in an embolic way.—*Medical World.*

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HOSPITALS AND DISPENSARIES.

BRISTOL.

THE Annual Meeting of the Bristol Homœopathic Hospital was held at the Institution on 17th May last, Dr. Morgan was in the chair.

Dr. C. O. Bodman, the Hon. Secretary, presented the report for 1915.

In moving its adoption the Chairman drew attention to the Home Visiting Department whereby patients unable to be inmates of the Hospital were attended by members of the medical staff at their own homes. He also alluded to the payments by patients illustrating the character of the Institution in enabling the benefited to help themselves.

The Hon. Treasurer, considering the abnormal times did not think the financial statement unfavourable. The adverse balance had already been reduced by a £100 bond and two gifts of £10 which he had just received.

A vote of thanks was accorded to the Board of Management and Committee, the Visitors, the Ladies Guild of Needlework, the Hon. Medical Staff and Dentist. Great credit was due to those who carried on the work of management and those who performed the medical duties.

Mr. Pearce, who seconded this resolution feared that those who were interested in Homœopathy were too retiring and quiescent and hoped that the officials of the many congregations would endeavour to get a portion of their Hospital Sunday collections allocated to this Institution. Some had already taken steps in this direction.

Mrs. Melville Wills replied, and pleaded for further help for the Ladies' Guild of needlework.

Mr. Moore, in proposing the re-election of the retiring members of the Board of Management remarked that Homœopathy had gained the respect of the leaders of medical thought and the most sincere flattery by the adoption of their treatment. It was time that Homœo-

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pathy in Bristol came into greater prominence and that a building more worthy of the cause was erected. The present Hospital was not ideal and could not be made so. He gave instances of the erection in Bristol of other buildings by generous donors, and was sure he would not look in vain for support for Homœopathy.

A vote of thanks for the Chairman closed the meeting.

(We may add that the out-patient attendances numbered 4,249 a small increase on those of the previous year. In-patients numbered 154, again an increase ; 28 military patients have been treated. The general results are excellent.—Ed. H. W.)

THE JAGAT JIT HOMŒOPATHIC DISPENSARY.

This Institution sends us its Annual Report from Kapurthala State, India, It is an interesting document by Dr. Sadig Ali beginning with an account of his conversion to Homœopathy, and early experiences with it: continuing with a series of arguments in favour of Homœopathy, and concluding with an account of the foundation of his Dispensary in 1913. The numbers of attendances are steadily increasing, and the Institution receives a grant from the Maharajah of Kapurthala.

SYDNEY.

The Homœopathic Hospital at Sydney, summarises its year's work as follows: In-patients treated 217, out-patients' attendances 1916 : total cost (both departments) £1,099 17s. 4d. Other hospital expenses must be added but there is a credit balance on the year of £56. The Government has subscribed £450 to the expenses. Dr. Fallon, late of South Africa, has joined the staff. Dr. H. L. Deck has left for the time for army medical work. We can all heartily congratulate our colleagues on their hard and successful work.

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM JULY 16TH TO AUGUST 15TH.

GENERAL FUND.

	Subscriptions.	£	s.	d.
W. Nicholson, Esq.	.. .. ..	1	1	0
Dr. J. Hervey Bodman	.. .. ..	1	1	0
Dr. W. P. Purdom..	.. .. ..	1	1	0
Lady Maud Keith-Falconer	.. .. ..		10	6
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	Svbscription.	£	s.	d.
The Misses Cox ..	.. .. ..		5	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 16th August, 1916.

A Meeting of the Beit Research Fund Committee was held at Chalmers House, on Wednesday, 16th 16th August, 1916.

EXTRACT.

A NEW METHOD FOR DETECTING THE PRESENCE OF BLOOD. *

By H. COUTURIER.

Biological Chemist at the Faculty of Medicine of Paris.

IT is hardly necessary to insist upon the clinical importance of being able to detect the presence of blood in secretions and excretions, yet the means at our disposal for so doing are admittedly very

* From *The Medical Press.*

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defective, and the object of this paper is to call attention to an extremely simple procedure which is not only very sensitive but yields practically trustworthy results. Before describing this procedure, it may not be out of place briefly to review the various methods already in use, and of these only four are really worthy of mention.

The Microscopical Method.—No doubt this is not only the best method, but the only one which is not open to criticism. We either see red corpuscles or we do not. But the observer may not have a microscope at hand. Then, too, it needs a practised eye to detect red corpuscles with unfailing certainty, apart from the fact that they are liable to assume strange forms, or they may undergo hæmolysis, or they may simply be few in number. The microscope, theoretically perfect, is therefore not a very practical instrument for the clinical physician.

Chemical Methods.—The three other methods are based on chemical reactions which in each case depend upon the action of nascent oxygen.

(*a*) *Weber's Method.*—This is the old-fashioned procedure, embodying the principle of the blue colour developed by tincture of guaiacum and peroxide of oxygen in presence of blood. Of this it may be said that the *technique* is delicate and the results uncertain.

(*b*) *Meyer's Method.*—The test solution contains:
Phenolphthalein, 2 grammes.
Caustic Potash, 20 grammes.
Powdered Zinc, 10 grammes.
Water, 100 grammes.

Boil until decoloration takes place (about half an hour). Take equal parts of the suspected fluid and the test solution, and add a few drops of peroxide of hydrogen, whereupon in presence of the slightest trace of blood in a bright red colour results. I shall refer to the drawbacks of this method later. For the present, suffice it to say that the solution is troublesome to prepare and does not keep good.

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Fleig's Method.—The test is based on the same principle as the preceding, but resorcin-phthalein (fluorescin) is substituted for phenol-phthalein : —

Fluorescin, 25 centigrammes.
Caustic potash, 20 grammes.
Powdered zinc, 10 grammes.
Water, 100 grammes.

Boil until decoloration takes place (a few minutes) and keep in contact with powdered zinc. The results are the same as in Meyer's test, but as the colouring property of *Fluorescin* is vastly greater than that of *Phenol-phthalein* it is much more sensitive (1 in 2,000,000). This is even too sensitive, as will be shown later. This test solution is even less stable than Weber's.

Now, these tests, especially the last two mentioned, present very marked advantages, and the instability of the test solutions would not militate against their employment, but as a matter of fact their value is purely negative. If we get no coloration, then it is certain that no blood is present. If positive, then it requires to be controlled by microscopical examination, because the characteristic colour is also caused by numerous soluble ferments acting on *Peroxide of Hydrogen* and by any active oxidising agent—*e.g.*, *Nitric Acid*, *Permanganate of Potash*, and even by the alkaline bicarbonates. The possibility of error is greater in respect of the Fleig than with the Meyer test, and greater with the Meyer than with the Weber, leading us to the apparently paradoxical conclusion that the more sensitive a test the more liable is it to lead us astray.

The Author's Hæmatoxylin Test.—In seeking to devise a reaction that should be free from the drawbacks of the foregoing, I set to work to discover a vegetable substance, which, while stable, should rapidly yield us unstable compounds which change colour in presence of blood. *Hæmatoxylin* extracted from logwood is precisely such a product.

Hæmatoxylin, the formula of which is not accurately known, is but slightly soluble in water (.06 per cent.),

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and even at this strength it imparts a fairly pronounced red tint to water. In contact with caustic soda this red solution turns to dark violet-blue, yielding an unstable *Hæmatoxylate of Soda*. Left exposed to air, the *Hæmatoxylate* soon undergoes oxidation, yielding ulmic products, brown or yellow, according to the strength. This change is much hastened by *Peroxide of Hydrogen*, but it is instantaneous, if, before dropping in the *Peroxide of Hydrogen*, we add a little blood.

In order to guard against oxidation of the hæmatoxylate of soda, it must only be prepared when required for use. We shall therefore have three solutions—

(1) A watery solution of *Hæmatoxylin*, .05 per cent.
(2) Solution of *Caustic Soda*, 40 per cent.
(3) *Peroxide of Hydrogen*, 12 vols.

In all examinations for blood it is well to have before us a test-tube of water, or, still better, of the same liquid as that under examination, known not to contain blood. Then:

(*a*) Take two test-tubes, one containing 5 c.c. of the control fluid, and the other a similar quantity of the fluid to be examined.

(*b*) To each tube add 5 c.c. of *Liquor sodæ*. Shake.

(*c*) Then add to each tube two drops of the hæmatoxylin solution. This determines a dark blue tinge, approximately the same in both tubes.

(*d*) Lastly, add ten drops of peroxide solution and compare the two.

If blood be present, the fluid in the test-tube changes colour pretty rapidly (three to four seconds) to violet-red, then to light brown (20 seconds), and finally to pale yellow (40 seconds), while the control tube only undergoes these changes slowly, taking several minutes so to do. If no blood be present the oxidation changes are the same in both tubes and do not set in for some time.

N.B.—It is most important to employ the test solutions in the sequence and in the quantities mentioned, more particularly to make sure that the same quantities of *Hæmatoxylin* and *Peroxide of Hydrogen* are used in both tubes.

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CORRESPONDENCE.

[To the Editor of the "Homœopathic World."]

July 21st, 1916.

An Urgent Need.

Sir,—The awful wastage of human life in the great war, which is draining our country of its manhood, calls to us in no uncertain tones to see to it that the lives so gloriously laid down shall not fail of the fruits of noble sacrifice.

The attention of all thoughtful people has been directed of late to the necessity for preserving infant life, both by remedying ignorance and insanitary conditions and by combating the menace of the falling birth-rate.

It can hardly be denied that we have to a great degree been culpably indifferent to the value of the greatest of national assets, and the time has surely come when every effort should be made towards the more efficient care of infant life and childhood generally, so that the annual loss through death in this country of something like 100,000 infants under the age of twelve months, may be arrested.

As is well known, the Mothers' Union, established in the year 1887, stands for the uplifting of family life in the highest sense.; while through its membership of over half a million it is in touch with all parts of the Empire.

At this crisis in our national history an imperative call has, we believe, come to the Union to use all the resources of its organisation for the sacred cause of motherhood and child-life.

The Council, realising that the work is being hindered by the lack of proper accommodation for developing this practical side, earnestly appeals to all those who have the welfare of the nation at heart to contribute towards the sum of £50,000 for the purpose of erecting a Central Building to be called after the venerated Foundress of the Mothers' Union, "The Mary Sumner House." It would be necessary for the time being to take temporary premises, which are immediately

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available, as it will be understood that building operations cannot be commenced before the end of the war.

The Institute, when completed would admit of the Union taking in hand much work that is waiting to be developed. It would contain a Central Hall large enough for Council Meetings and Lectures on all that concerns Women's Work, and attached to it would be a large Maternity Centre to be worked by experts. One of the best known voluntary Health Associations has approached the Mothers' Union with a view to offering its co-operation, and the Institute would also form a Training Centre for Social and Mothers' Union workers at home and overseas.

The Council feel sure that this Scheme will meet with a generous and sympathetic response from the public, when, as at this time, the nation is mourning the loss of tens of thousands of her sons who have given their lives for the freedom of the generations to come and that it will bear in mind the sacrifices made by the women of the Empire, who have so grudgingly given of their best in the cause of honour and justice.

It being one of the chief aims of the Mothers' Union to lay the foundations of true and noble character, it follows that training in such a centre would comprise not only the care of the body, but also the care of mind and spirit, and of all that constitutes the perfect whole.

The Lord Parmoor, K.C.V.O., and the Hon. Evelyn Hubbard have consented to act as Hon. Treasurers to the Fund.

Contributions may if desired be spread over three years, and should be paid to the account of the Treasurers, Mothers' Union Building Fund, at the Union of London and Smiths Bank, 27, Victoria Street, London, S.W., or sent to the Central President, Mothers' Union Offices, Church House, Westminster, S.W.

I am, Sir,

Your obedient servant,

EMILY WILBERFORCE.

Central President of the Mothers' Union (Incorporated)

P.S.—I am permitted by the Archbishop of Canterbury to publish his commendation of the scheme, together with that of the Archbishop of York herewith.

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LAMBETH PALACE, S.E.
10th July, 1916.

MY DEAR MRS. WILBERFORCE.—I am among those who take a keen interest in your project for housing the Mothers' Union more adequately. The remarkable work which in less than thirty years the Union has succeeded in accomplishing for the maintenance of a high standard of home life both in England and beyond the seas establishes its claim to public confidence and support.

Among the subjects which in the minds of thoughtful people are to the fore at this juncture in our nation's life, few are more urgently important than the progress and development of the science of mothercraft and the wise care of infants. In that field of intensely useful study and work, the Mothers' Union should enable its Members to take practical share, and it will accordingly devolve upon the Council to bring the influence of the Union to bear upon these endeavours in a wholesome way by co-operating in the task of instruction and guidance which has now in many quarters been vigorously take in hand. Where that co-operation is possible, the first step is to make sure that it is with the wisest and best instructed workers that we are co-operating. I have been talking the matter over with the Archbishop of York, who concurs most heartily in all that I have said. We pray that all your endeavours to make the Mothers' Union what it ought to be throughout the Empire may be abundantly blessed of God.

I am,
Yours very truly,
RANDALL CANTUAR.

VARIETIES.

BIOLOGICAL STUDY OF WAR WOUNDS.—Forty-one articles on various aspects of military surgery were published in the *Lyon Chirurgical* during 1915, and this number contains thirteen more. Three are devoted to research on the biological evolution of shell wounds, the genitic course, the initial proliferation of

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microbes, the natural curative processes, and the means to promote them. Policard and Phélip (*Lyon Chir.*, January-February, 1916, No. 1, pp. 1-212) demonstrate anew that the ulterior evolution of the wound is determined by what happens during the first four to six hours. Substances to dissolve rather than to sterilise are needed at first, to clear the wound of necrosed and dead tissues. The dissolving action of hypochlorite gives better results later than measures to sterilise or tan the tissues. The toxins absorbed from necrotic masses are responsible for the fever and collapse which develop before the germs have had a chance to proliferate much in the wound.

Policard and Desplas (same journal) report excellent results when they have ventured to suture extensive wounds without leaving the healing entirely to Nature. There is always an inflammatory reaction, but it is usually insignificant and causes no general symptoms. But it is always present and always requires close supervision. This is possible by repeated microscopic examination of the serous fluid that oozes between the stitches. It can be obtained with a pipette from quite a depth below the surface, and the microscope will show the defence the leucocytes are presenting and the increasing or decreasing numbers of germs. A favourable sign is when the nuclei in the leucocytes take the stain intensely and seem to be more condensed and as if contracted.

Leriche (same journal) is convinced that mechanical cleansing of wounds and keeping them open to the sun and air are the ideals in military service. Physiotherapy should supplant chemotherapy entirely as a rule, he reiterates.

Congenital Scoliosis.—Werner (*Arch. f. Gyn.*, H. 2, Bd. 104) narrates the following case: A III-para, 31 years old, whose two previous children were normal, was after a labour lasting four hours and with complete absence of liquor amnii, delivered of a living child, who, besides other malformations of the upper and lower extremities, was affected with such an extreme scoliosis that in the spinal column, which formed a large, strongly curved dextroconvex arch, the axis of the upper cervical vertebræ and that of the sacrum formed almost a right angle. The spinal column could be straightened out when some force was used, but it soon returned to its old position. It was a pure lateral curvature, almost without torsion and retroflexion. The examination of the mother carried out on the fourth day after birth, revealed a uterus bicornis unicollis, in whose left cornu the pregnancy had developed, whereas the right had the appearance of a small appendix by the side of the still very wide and thickened left cornu. The author attributes the fœtal malformations to the restricted space in the abnormal uterus, and also to the absence of liquor amnii, but also offers the suggestion that from some unknown cause the fœtus lacked the usual capacity of adaptation or reacted more readily than usual to external influences.—*Medical World.*

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Binnie (John Fairbairn). Manual of Operative Surgery. 7th ed., revised and enlarged. Royal 8vo, pp. 1,378. (H. K. Lewis & Co. Net 32s.)

British Journal of Surgery. Vol. 4. No. 13. July, 1916. Wide 4to, pp. 208. (J. Wright & Son. Net 7s. 6d.)

Caird (Francis M.) and Cathcart (Charles W.). A Surgical Handbook. 18mo, pp. 379 (C. Griffin. Net 8s. 6d.)

Fantham (H. B.), Stephens (J. W. W.) and Theobald (F. V.). The Animal Parasites of Man. Royal 8vo, pp. 932. (J. Bale, Sons & Dannielsson. Net 45s.)

Gray (Henry). Anatomy ; Descriptive and Applied. Edited by Robert Howden. Royal 8vo, pp. 1,319. (Longman. Net 32s.)

Groves (E. W. Hey) and Fortescue-Brickdale (J. M.). Text Book for Nurses. 3rd impression. Royal 8vo, pp. 431. (Frowde & Hodder. Net 16s.)

Oliver (George). Studies in Blood-Pressure. Physiological and Clinical. Edited by W. D. Halliburton. 3rd ed. 8vo, pp. 263. (H. K. Lewis. Net 7s. 6d.)

Prinzing (Dr. Friedrich). Epidemics Resulting from Wars. Edition by Harold Westergaard. Carnegie Endowment for International Peace. Royal 8vo. (Clarendon Press. Net 7s. 6d.)

Russell (Rollo). Notes on the Causation of Cancer. With a Preface by Dr. Dawtrey Drewitt. Cr. 8vo, pp. 127. (Longmans. Net 3s. 6d.)

Suffering Relieved Reports of Medical Mission Work. Reprinted from the Society's Magazines. Cr. 8vo, pp. 74. (S.P.G. Net 1s.)

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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowen, Putney Hill, S.W.*

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœ pathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Day, London—Dr. Tyler, London—Dr. Ray, India—Dr. Cash, Torquay—Dr. Davidson, London—Dr. Sykes, India.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom œopatia.—Ind. Hom. Rev.—Hom-Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Journal of H.—Journol B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift.

The Homœopathic World.

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Dr. Kent: An Appreciation. By Dr. T. Weir.
The Death of Dr. Kent. By Dr. M. Tyler.
A Paper intended to be read in March, 1916, at the Liverpool Branch. By Dr. T. Simpson.
Pathology in its Relation to Therapeutics. By A. C. Cowperthwaite, M.D., Los Angeles, Cal.
Two Cases by Dr. Ridpath.

HOSPITALS AND INSTITUTIONS.
The Children's Homœopathic Dispensary.

SOCIETY'S MEETING.
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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):
Receipts from June 16th to July 15th, 1916.

EXTRACTS:
A Urinary Test for Syphilis and its Comparison with the Wasserman Reaction. By Carl D. Gray, M.D., Portland, Maine.

CORRESPONDENCE:

Varieties.

Medical and Surgical Works.

To Contributors and Correspondents.

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THE

HOMŒOPATHIC WORLD.

OCTOBER 2, 1916.

LITTLE FAITH.

IN our last issue we printed part of an article on Thyroid Insufficiency by Dr. Cobb, desiring to call the attention of our readers to one aspect at least of a subject of great importance. Glad as we were to avail ourselves of Dr. Cobb's work, we need hardly say that work which should deal with this matter from a standpoint of belief in Homœopathy would have been even more welcome, but a month ago we had little hope that any colleague would find leisure to produce such an article. Herein, however, we showed too little faith in the resources of our body, and Dr. Burford's important contribution in this issue is both the work of a physician who has devoted much time and his well-known acuteness to the study of this subject and also (we hope) the beginning of a series of communications which shall show that we should find special importance in these discoveries, not only as physicians but also as followers of Hahnemann. Dr. Burford's communication will have a sequel next month. At present we call special attention to this month's article.

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NEWS AND NOTES.

The Session 1916-1917.

The Introductory Lecture to the Session will be given at 5 p.m. on October 11th, by Dr. J. McLachlan, M.A., M.D., F.R.C.S., on the "Place of Teaching in Homœopathy." The Compton-Burnett course by Dr. Weir will begin on October 13th at 5 p.m., and continue thereafter on Fridays at that hour. The Materia Medica lectures of the Honyman-Gillispie course (Dr. C. E. Wheeler) will be given on Tuesdays, at 5 p.m., from October 17th to December 19th, and on Tuesdays and Fridays from January 16th to March 23rd; and the lectures on Therapeutics (Dr. Goldsbrough) on Thursdays from October 19th to December 21st, and on Thursdays and Mondays from January 18th to March 19th.

A New Sign of Pulmonary Tuberculosis.

A new sign of pulmonary tuberculosis, which is believed to be of considerable diagnostic value, is described by Dr. Clarence M. Wheaton in *The Journal of the American Medical Association*.

In his work at the clinic at Rush Medical College, Dr. Wheaton observed that the skin of tuberculosis persons pulled away from the fascia, was freely movable and non-adherent. This phenomenon was again striking in cases of early unilateral involvement, and subsequent examination showed that the sign was more clearly discernible on the tuberculosis side, while in bilateral involvement there was equal distinctness over both lungs. The sign is elicited as follows:

The patient, with hands resting in the lap, faces the physician, looking straight to the front. The integument is then pinched between the thumb and index-finger and pulled away from the muscle-fascia. It will be observed that over the area of infiltration the integument can be drawn from the chest wall with ease, as compared with the side where there is a healthy lung, and if now rolled between the fingers it will feel in consistency much thinner than a fold of skin taken from the sound side.

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This condition or change in the integument of the chest-wall has been observed in very early cases of tuberculous infiltration, with little disintegration of the lungs, both in adults and children. Whether this is a true atrophy of the skin or due to muscle or nerve degeneration, or in some measure dependent on immobility of the chest-wall, Wheaton is at this time unable to say.—*Clinical Medicine.*

Iodine Treatment of Goître.

Grumme (*Cor.-Bl. f. Schweiz. Aerzte,* Basel, April 15th, 1916, No. 16, pp. 481-512) insists that endemic goître is due to a lack of iodine in the food, and hence the administration of *Iodine* benefits endemic goître. He regards it as probable that if Switzerland would promote the importation of sea-fish so that they would be plentiful and cheap, goître would become less prevalent. More than two thousand years ago the Greeks recommended sponge charcoal (*Schwamkohle*) for goître, which was an *Iodine* treatment, and experience has confirmed the value of *Iodine* in prevention and cure of endemic goître. Regions where goître is endemic are usually free from the exophthalmic form, in which *Iodine* does harm. Even the eating of sea fish aggravates Basedow's disease, as Grumme has confirmed in his own practice. It is important, therefore, to exclude any tendency to the Basedow type before permitting *Iodine*. A tranquil temperament, a phlegmatic disposition, usually exclude exophthalmic goître. The endemic mountain-goître is generally inclined to be hard and sometimes knobby, while the Basedow goître is soft. He warns in conclusion that the administration of *Iodine* requires great care not only for those with goître, but in general practice, as there may be a latent predisposition to Basedow's disease which *Iodine* may fan into a flame. Oswald regards this danger as so serious that he advises against *Iodine* for any form of goître.

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ORIGINAL COMMUNICATIONS.

A PEAK IN DARIEN: OUR NEW KNOWLEDGE OF THE WORK OF THE DUCTLESS GLANDS.

By GEORGE BURFORD, M.B.

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FRANCES POWER COBBE, in the mid-Victorian era, demonstrating with insight and inspiration a great ethical cause as towering over lesser views and facts, boldly transferred as simile a geographical parallel, and styled the moral height "The Peak in Darien." In the same wonderful era other heights were outlined from whose summits clarity of vision and an enormous addition to knowledge could be gained. The great procession of Evolution, the disclosure of the mechanical equivalent of Heat, the unfolding of the Germ theory, were all intellectual displays of that brilliant age, so potent in outlining new continents of thought. At that time Physiology, in its study of the all-absorbing problem of the nature of Life, had recognised the existence of a new control, the dimensions of which, then vague and suggestive, were for the coming generation to define. In the knowledge of the mechanism of life, a Peak in Darien has been discerned from whose summit is gained an unbroken and inclusive view of the realm it dominates. The realm is that of the processes of life in the bodily organism; the peak, the activation and control of these by the internal secretions of the ductless glands.

THE PROBLEMS OF THE MECHANISM OF LIFE.

Always a surpassing interest has been evoked in the study of life by the problem of the inner workings of its mechanism. What determines the constants, such as the invariable character of sex: our growth, as regards average height and weight; the architecture of the various organs of the body? What regulates the periodic processes, as respiration, circulation, the monthly period? And what the successive phases of existence—childhood, adolescence, maturity, senescence?

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In terms of physiology a verifiable response can now be given—the balanced activities of the ductless glands. It is almost as though the secrets of life—except the great one—had been laid bare, and the innermost court of vital dynamic and mechanism brought into view. Our physical personality—our psychical equipment—the continuation of the species—our resources in the battle against disease—these are activated and controlled by the internal secretions of the ductless glands. And so intimately are the relations of mind and body thus presented that a transcendental physiology might conceivably be fashioned from our present and prospective knowledge.

The Internal Secretions in the "Seven Ages" of Life.

Take, for example, the seven ages of man, or woman, in broad outline of succession; and for simplicity and brevity I will follow the life-history of one gender.

The Influence of the Internal Secretions on Early Existence.

As regards the determination of sex, knowledge is too inchoate for positive statement; the problem is still wrapt in mystery. But without doubt the internal secretions here play a part; for example, the influence of the adrenal glands in excess definitely inclines to masculinity, as pathology demonstrates later. Infants of either sex are sometimes born without brain equipment (*a-cephalic*); in such cases the adrenal glands are found but ill-developed. But after birth, the full balance of internal secretions is necessary to speed up growth; notably the thyroid and pituitary glands activate the growing parts of bones; for lack of this activity dwarfism results.

The Internal Secretions and Childhood up to Adolescence.

During girl childhood, the thymus gland controls the events of development. It fixes in the blood proteins the calcium and phosphorus so pre-eminently needed for the growth of bone and of the great nerve centres. Concurrently it keeps in a state of under-

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development the uterus and ovaries until bodily growth is sufficiently advanced.

At puberty the domination of the thymus gland is mainly suppressed by the internal secretions of the ovaries and thyroid, and the thymus shrivels. The calcium metabolism is inverted; a large quantity of this mineral is lost at each menstrual period, and this at the expense of the supply hitherto apportioned for growth. The rate of increase in height and weight consequently diminishes, and in a few years is lessened to mere maintenance.

The internal secretion from the adrenal glands activates the development of what are called the secondary sexual characters. The rounded outline, the slender skeleton, the distribution of hair, the timbre of voice, even the special psychical characters of femininity are developed by the balanced activities of the ductless and mainly of the adrenal glands. It is this activation that gives the bodily and the conjoined psychical characters to feminism. Note that this relatively late development occurs *pari passu* with that of the internal reproductive equipment.

The Internal Secretions and Maturity.

The variety and the amplitude of the internal secretions requisite for adolescent development are also necessary for adult maintenance. Any falling off in their potency, and the career is forthwith bound in shallows and in miseries.

In range and power that of the thyroid dominates. "No cell, whatever its nature, attains the completeness necessary to the perfect accomplishment of its function, unless it be supplied with a certain essential quantity of thyroid secretion." This is the general or pharmaco-dynamic action. "The thyroid controls the nervous system, the nutritional exchanges, and the equilibrium of the fluids of the body." But there are also various specific powers. The protein metabolism, the fat metabolism, and the carbo-hydrate and mineral metabolisms are under its influence; the maintenance of bodily temperature is dependent on

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its integrity : it regulates the resistance of the organism to infective diseases. And more intimately, all the processes concerned in the reproductive life are activated in degree greater or less by the thyroid internal secretion.

Such is its wide sweep; and specific instances of its operation, in excess or in defect, will be cited later.

Next in importance comes the internal secretion of the adrenal glands. This is of prime consequence in the physiology of daily life. It maintains the average daily tone of the heart and blood vessels, and also that of all the smooth-fibred muscle in the body. This is picturesquely described by Dr. T. R. Elliott : " Any reflex or effort, whether it be in pain, fright, or quick forced movement, discharges a smaller or greater amount of adrenalin. Hurrying round in the current of the blood, this quickens the heart, controls the blood vessels, and may even liberate sugar from the liver and supply to the muscles a fuller amount of the food they need in the stress of harder mechanical work."

And all this is done by an infinitesimal amount of the active principle, adrenalin. The daily consumption in health, says Dr. Elliott, corresponds to 50 to 100 minims of a one per thousand solution. Of such great driving power is so small a daily supply of this internal secretion.

It is needless to elaborate the activations and controls of the internal secretions of the pituitary, pineal and other ductless glands during adult life. The foregoing are types of this many-sided physiological dynamic.

The Specialisation of the Internal Secretions during Maternity.

Here is an excellent object-lesson of the rapid readjustment of the activities of the body effected in exigency by the internal secretions.

Conception occurs, and special thyroid activity —hyperthyroidism—begins at once to activate and control the new growth proceeding ; and if by mischance the thyroid output is insufficient, one of the most potent causes of miscarriage is present. The heavy

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calcium intake no longer required for menstruation is retained for the growing embryo mainly by the supra-renal and pituitary internal secretions. After child-birth, this calcium metabolism is diverted from the menstrual function to the requirements of lactation by the continued hyper-activity of the thyroid. Lactation ceasing, the ovarian internal secretion regains its share of the calcium metabolism, the thyroid activities lessen, menstruation recurs. The bodily status quo is resumed.

The Internal Secretions and the Menopause.

At the change of life the inter-arrangements of the internal secretions and the consequent metabolism are in the melting-pot. It is not a mere falling out of the reproductive function, and the cessation of the ovarian internal secretion that occur; it is the cessation of the whole provision for the reproductive life. The principal internal secretions require re-adjustment; during the interval is the turmoil of the menopause. The excitability and nervous tension are stated to be due to an excess, the melancholia so frequently seen to a defect in the concurrent thyroid secretion; the deposit of fatty tissue to an unbalanced pituitary blood content.

The Decline of Life.

Now, any defect of any ductless gland tending to excess or diminution of internal secretion may develop. The most usual issue is an uncompensated calcium retention over and above the requirements of the body. This condition has as its counterpart a deficiency in the supply of thyroid material, and the other symptoms of old age can be superposed on the typical results of other altered internal secretions.

What is a "Ductless Gland?"

What are "Internal Secretions?"

Glands, minus ducts for the outlet of glandular secretions, were recognised long before the Victorian era. But these were the property of the anatomist rather than the concern of the physiologist. The clear conception that all gland tissues without excretory

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ducts yet did something essential for the organism, and through the medium of the blood stream, was first expounded by Claude Bernard in 1855. But it remained for another Frenchman, Brown-Sequard, to add the later idea of an interdependence of all the parts of the economy, effected by principles (internal secretions) conveyed to the blood from glands without ducts.

Loosely, every cell in the body is an elementary ductless gland. Its metabolism adds something to the blood stream. But more, specifically, than this generalised addition to the plasma, is implicit in the modern view of a "ductless gland" or an "internal secretion." The ductless glands are differentiated tissues; their anatomical distribution is defined. Those without any concurrent external secretion, and having no duct in their anatomy, are chiefly:

The thyroid and parathyroids;
The thymus;
The supra-renal tissues (the chromaffin system);
The pituitary gland;
The pineal gland.

But there is a second group of equal importance; it is constituted by:

The reproductive glands;
The pancreas;
The gastro-intestinal mucosa;
The kidneys.

These glands have ducts. What then do they do in the category of ductless glands? Obviously the reference must be enlarged for the inclusion of these.

The uniform character of ductless glands is that they systematically add to the circulating blood something requisite for physiological activities. So also do various glands with ducts, quite independently of the gross duct-led secretion. The presence or absence of a duct in the gland is of no import as concerning the systematic addition of something to the circulating blood, to stimulate or control the activities of the economy. That "something," so conveyed, is an internal secretion; and the glands thus producing and discharging may be styled "internal secretory glands."

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But the basis of definition has thus been transferred from anatomy to physiology; and this is not the best physiological definition. What is the necessary function of these internal secretions? It is to act as chemical stimuli to other tissues requiring activation or control; and the blood as an internal medium affords these chemical messengers the requisite quantitative and qualitative transport. Hence the term "hormone," as indicative of the activating or controlling qualities of these internal secretions; and the description "hormone producing organs" as more accurate than "ductless glands," and more specific than "internal secretory organs."

The Balance of Power.

With so many regents in a limited kingdom, each with necessary duties, some balance of activities is requisite. A reciprocity normally does exist, both of quality and quantity: *e.g.*, if the thyroid be reduced, the suprarenals (the next allied structure) undergo compensatory hypertrophy. The activities of the hormones overlap, as with the pituitary and the pineal glands; sometimes they are mutually exclusive, as with the ovaries and the thymus, and in any case of elimination of secretion, the *tout ensemble* may require redistribution; this is well seen in menopausic phenomena. Neither addition nor subtraction of a hormone to or from the bodily work can be made without affecting the working balance of each unit in the remainder.

(*To be continued*).

A CASE OF HEART DISEASE.

By Dr. Midgley Cash.

This is the case of A.D.A., æt. 45.

Aortic incompetence; Cardiac dilatation with compensating hypertrophy; albuminuria; sleeplessness; congestive headaches; vertigo in a high degree. Such was the sequence of his ailments. His heart had been injured by severe rheumatic endocarditis twenty-three years before, when I attended him in the country, the local doctor having given the opinion that he could not possibly live. However, he made a good recovery. Cardiac compensation was established,

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and he led an active life till he had an attack of influenza in March of 1915, which again brought him into my hands. He did not make a complete recovery from this, and began to complain of congestive frontal headaches with a "dead" sensation in forehead, sleeplessness and giddiness. His face was flushed and his eyes staring. He complained much of want of sleep throughout the whole night. The vertigo was such that he feared to cross a room and had to steady himself by the furniture. There was a sense of weakness and of "tightness" about the heart. A loud "see-saw" murmur was audible over sternum, running up into the vessels of the neck. Quite a number of remedies were given, amongst others *Bell.*, *Bry.*, *Nux*, *Coccul.*, *Gelsem.*, without permanent benefit till I gave him *Coffea* in twelfth dilution, when he at once began to improve. His sleep came back first, headache and vertigo diminished, and his strength, which had been much reduced, returned. When I saw him last June he was practically well, no vertigo or headache and power to sleep restored. The cure took some six months, during which time *Coffea* twelfth, was at first continuously and later intermittently, persevered with.

Remarks.—The attack of influenza this patient had upset the finely adjusted balance of the cerebral circulation which, after his aortic valve had failed twenty-three years ago, had been re-established by compensatory changes in the heart.

Congestive headache, vertigo, sleeplessness, and albuminuria were the result and a formidable array of symptoms they were. The patient's temperament was highly nervous and a further complication was that he had developed a tendency to alcoholic stimulation, which did not mend matters. His position of manager in an old-established country hotel gave him special opportunities and temptations. This had to be combated. Fortunately he was a loyal patient, and followed the necessary advice to abstain.

One distinct indication for *Coffea* in A.'s case was the irritability of the organs of sense. Light and noises were acutely painful to him.

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CASES FROM PRACTICE.

By Dr. W. A. Davidson.

[The following cases have been supplied to me by Dr. Davidson and I have done no more than use the material given. Dr. Davidson is a very busy man but these cases show admirably what can be done by Homœopathy in the hands of an acute prescriber, even amid the greatest press of work.—Ed. H.W.]

Graves' Disease.

A woman suffering from the early stages of this disease went to Moorfields because of the Exophthalmos. There she was told that she was suffering from Graves' Disease, and should see a doctor rather than an eye specialist. Dr. Davidson found all the classical symptoms of the disease, and on account of the "throbbing all over" complained of, prescribed *Glonoin* 30. The result was almost miraculous. The entire complex of symptoms disappeared, and the patient returned to Moorfields to show herself and be (very rightly) congratulated by the physician there on her doctor's skill.

Hæmaturia.

This case, C.P.H., developed hæmaturia after influenza. After disappearing for a time, it recurred. The patient was X-rayed at the London Homœopathic Hospital, but no stone was discovered, and was afterwards an in-patient under Mr. Dudley Wright, but in spite of some intermissions the attacks returned till, in November, 1915, Dr. Davidson was consulted. Abstinence from all alcohol was enjoined, and *Millefolium* administered. The hæmorrhage promptly ceased and has not recurred since. The patient to-day reports himself as very well.

Hæmaturia.

We will give this case first in Dr. Davidson's own words:

This was a very interesting case of an old lady, Mrs. S. When I was called to see her she seemed to be dying. She had hæmaturia. They showed me what she had passed, and I noticed that the blood in the

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urine formed at the bottom of the vessel " a bloody cake " as Nash calls it. I gave *Millefolium*. In four or five days the hæmorrhage ceased. But she complained of a heaviness in the rectum ; I gave for this *Ruta* (one drop of the tincture) and it seemed to pass away very soon.

The patient is still living and well.

The plug-like feeling in the rectum had been there for a long time.

It remains to be added that the patient had been treated by various physicians, discharged as incurable from the West London Hospital, and the Infirmary, Wormwood Scrubbs. No treatment had any effect till *Millefolium* was given, and then the bleeding ceased in four or five days. Strength was slowly regained, but the patient is in her eighty-fifth year and very well now considering her age.

Abdominal Pain, probably Duodenal in Origin.

(Dr. Davidson's Report.)

Twenty months ago this patient was informed by her doctor, confirmed by a specialist, that she " had a cancer in her stomach," that unless operated on she would die within a month. This may have been said to make her decide quickly, but she was in pain so acute that life was not worth living. This had been going on for some time ; several local doctors had seen her and all apparently confirmed the diagnosis. When I saw her first she was in a paroxysm of pain, and she told me this was a common occurrence. She had constant vomiting. On examination I found a large tender swelling in the abdomen, food relieved her for the time, but an hour or so after eating the simplest food the pain returned. This was clearly a case for *Graphites* 30, which I gave. It acted almost at once, and I kept on with *Graphites*, and she was so much recovered that in August last year she spent a month at Abersytwith. The pain had practically gone. She had accasion to consult Dr. Blackley last July about her hair which all came off. You will see by enclosed his opinion of her trouble.* She still keeps on with

* Dr. Blackley held that there had probably been a duodenal ulcer.

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Graphites. They keep an off-licence shop and she may be seen any day pulling the handle and drawing beer to customers.

Abdominal Pains.

E.R.W., 64 years of age. Suffered from distension of abdomen with marked tenderness < night > heat; great loss of flesh. *Arsenicum* 3 and 6 relieved at once. For months the patient has had no pain and has gained two stones in weight. It should, however, be also noted that meat and alcohol are forbidden. The patient had been certified by one physician as suffering from malignant disease and requiring operation, which may at least be taken to imply that his condition was serious.

Renal Calculus (Dr. Davidson's Report).

Mrs. N—— complained great pain over left kidney for two months. Attended West London Hospital. X-rayed; stone clearly visible left kidney; advised to come in for operation. The same night after being at hospital was in great pain, rolling about bed. I was asked to see her. I gave *Lycopodium* 30. Calling next day found her much better, and when they sent, about ten days after, for her to go into hospital she had got on so well that she decided to continue to with homœopathic treatment. She had practically no pain after the first dose of *Lycopodium*, *i.e.*, four years ago last Easter. I cannot induce her to go to be X-rayed again, so cannot say if the stone has disappeared, but she has no pain. She has got much stouter and is in the best of health.

"?"

Mrs. C—— had a large swelling in her throat. She writes: "I asked my doctor what he thought of it; he said he did not know, he had never seen a case like it. The doctor I went to in *Norwich* said I had a cancer in the gullet and that nothing could be done." She was sent up to Guy's Hospital, London, but nothing was done. Before she returned home her sister brought her to see me. I gave her *Thuja* 30 each month. I received a letter in May to say "The lump is gone."

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CARIES.

W.R. began to suffer with his arm in 1913, an abscess developed, which discharged and apparently healed, but later, after severe pains another formed and after operation left an intractable sinus. X-rays discovered dead bone: an operation was performed but failed to relieve. *Tuberculin* was given for five months twice a week (!) without success. Finally Dr. Davidson took the case in hand and *Silicea* cured the sinus in three weeks, and it has remained perfectly well ever since.

SOME REASONS FOR A BELIEF IN HOMŒOPATHIC PRACTICE.*

THE following cases were reported by Dr. Stephenson at the annual meeting of the New Zealand Homœopathic Association to illustrate the action of medicines according to the law of "Similia Similibus Curantur," or "like cures like."

About half were taken from Institute, the rest from general practice.

Ailments of a chronic character have been generally selected, to better demonstrate the curative action obtainable by these remedies.

This method of treatment has proved to be equally valuable in acute diseases; thus it has been the happy experience of many homœopathic physicians (including the lecturer) never to have lost a case of measles or whooping cough. In pneumonia and enteric fever recent statistics show a mortality rate less than one-half that given by the usual treatment.

The symptoms in italics show the special indications for the remedy selected.

MR. I.: SENILE GANGRENE. A farmer; had enjoyed very good health until severe pain and gangrene attacked one foot after exposure to cold and wet. He was five months ill, one toe had been removed; but the pain and suppuration persisted, and the disease threatened to extend. The patient was becoming

[* We are sure our readers will be interested in Dr Stephenson's pamphlet prepared at the request of the New Zealand Homœopathic Association.]

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weaker, and it was decided by his medical attendants to remove the foot. At this stage he came under homœopathic treatment. After a few days' observation of the case it was noticed that *while one hand was cold the other was warm.* The *suppuration, weakness,* and *hectic fever* also pointed to the remedy *Cinchona* or *China* 1m. The effect of its exhibition was remarkable—appetite and sleep returned, the dead portion of foot separated away and sound healing ensued. For four years the patient has now been in excellent health, and able to attend to his business.

MASTER H.: RHEUMATIC FEVER. A previously healthy boy of fifteen was attacked with severe pains and swelling in the joints, worse in the wrists and elbow and joints. The temperature was high, 103 degrees to 104 degrees; pulse very weak and rapid. The distress, sleeplessness, and pain were most marked. Symptoms of endocarditis appeared. *Bryonia* and *Aconite* were of no benefit; but the patient was completely cured by *Spigelia* and *Kalmia.*

About three weeks after recovery from the first attack a relapse took place, the pains were mainly in the left shoulder and left arm; *pains were wandering,* and again the heart was attacked. *Perspiration, especially of the face.* ℞: *Ammon. Mur.* 3c. Complete and permanent recovery without any cardiac disease ensued.

The relatives were the more impressed with the success of this case, because two weeks before this lad took ill a sister, æt. 12, had died of the heart disease following a similar attack of rheumatic fever under allopathic treatment.

MR. L., æt. 82: ACID DYSPEPSIA. The food sours on his stomach with severe *burning pain.* He gets no relief until he vomits. He has had indigestion for forty years, and lives on arrowroot and a little porridge. For constipation takes salts and patent-medicines. Stomach was dilated with splashings of fluids. ℞: *Lycopod.* with no result. He was then given *Natrum Carb.* 3m. and *Conium* 6c., and reported two weeks later, "Much better in every way; no heartburn and no vomiting for two weeks."

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MISS MCC.: GASTRIC ULCER for six months under two medical men. Is very pale, dark complexion; losing weight. Hot, burning pain epigastrium, extends to back, worse leaning forward. Vomits if she eats. Tongue red with white fur. One medical man told her that she had been overdosed with iron, which had taken off the coating of the stomach. Takes baking soda. Generally *worse after* 4 *p.m.* *Nux* 200, *Lycopodium* 200 and *Ferrum* 1m. were the chief agents in her cure, which has lasted now over a year.

MR. W.: DYSENTERY. Very severe attacks every few months. He is elderly, and the trouble causes *weakness* and prostration. The diarrhœa is *worse at night* and is *painless*. Worse *after a meal* or from fruit. ℞: *China* or *Cinchona*, with prompt relief every time.

MR. T., æt. 57: GALLSTONES. He had been advised by another medical man that an operation was necessary. He had flatulent dyspepsia five years. For some months slight jaundice with *pains in right side* and *under the left shoulder*. He is *worse in cold* weather and better from heat. *Right hand colder than left.* *Chelidonium* 200 for some weeks and later *Lycopodium* cured.

MR. S., æt. 42: CHOLECYSTITIS JAUNDICE—gallstone colic. Flaulent dyspepsia for years. Is very chilly, cold hands. Can eat very little; no vegetables, potatoes or meat for six months. Operation advised but declined. Cured with *Chelidonium* and later *Lycopodium*. The cure holds good now for six years.

MR. R.: TYPHOID FEVER. Cerebral type with high fever, sleeplessness, and delirium. In third week the temperature was still high and the patient exhausted with weak, irregular heart, and the prognosis was unfavourable. Dr. H. D. Mackenzie was then called in, and administered *Rhus Tox.* 1m. In twenty-four hours the temperature fell two degrees, and the crisis was past. *Phosphoric acid* was required for debility at a later stage.

MR. A.: NEURASTHENIA. Manager of a large business, and has overworked for years. *Must be busy*, can't rest. *Empty, hollow feeling* as if everything below diaphragm would drop out. Has had several

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weeks' holiday and other medical treatment without benefit. ℞ : *Lilium Tig.*

Mr. W. : Melancholia. Tall, fair, middle-aged. Has worried and worked overtime at business. *Mind confused* with *delusions that his children were ill,* that his wife was out of her mind, that his *business was ruined. Cold, damp feet.* Some years before was treated in a mental hospital. *Calcarea Carb.* 200 cured, and no return to date, six years.

Mr. B. : Melancholia. Sadness, with weeping; loss of all self-confidence. *Would sit alone* and make grimaces. *Avoided his friends.* A knock at the door would send him into a panic thinking someone was coming to take him to an asylum. ℞ : *Baryta C.* 200, with complete recovery in two to three months.

Miss D. : Melancholy and Suicidal. Family history of mental disease. The suicide of one brother had helped to unbalance her reason. Unable to describe her feelings; she could only weep when spoken to. So confused, she could only with the greatest difficulty write a few sentences. *Thuja, Sepia,* and later *Baryta Carb.* completely cured.

Mr. J., æt. 30 : Appendicitis. Recurrent attacks. Operation advised but declined. He is chilly, worse wet weather or exposure to cold. *Rhus. Tox., Bryonia,* and later *Sulphur* cured.

Miss W. : Appendicitis. Ailing for three months. Has become thin; pain constant; operation declined; fever slight. Has long had a reddish leucorrhœa. ℞ : *Nitric Acid* 1*m,* with permanent recovery, which was so speedy, she was back to her work as teacher in three weeks.

Mr. L., æt. 44 : Chronic Appendicitis. For several years has been invalided at occasional intervals, with attacks of pain in the right lower abdomen. Pain very severe; is often laid up with it for three weeks at a time. Constipation, flatulence, fulness after eating. Mental *confusion, makes mistakes in writing and spelling.* ℞ : *Lycopodium,* which, repeated at suitable intervals and in various dilutions, has, as he said, "made a new man of him." He is now able to work and enjoy life.

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MISS R.: æt. 51: MAMMARY TUMOUR. Has for a month had a fairly large tumour of the right breast. Came after using *Iodine* for a goître; has a sensation of trembling *in abdomen*. Nausea mornings, breast painful. ℞: *Nux.* 200, then *Conium* 200, which cured the lump in six weeks, with a mild return of an old asthma and headache.

MRS. W.: MAMMARY TUMOUR. Middle-age. Is alarmed about a tumour of left breast, the size of a small orange. For some time has been very nervous *e.g.*, fear *of a crowd*, fear of *going mad*, fear *to meet strangers*, fear and vertigo on going to church. ℞: *Phosphorus* 200, which cured the lump in one month, and later, in higher dilutions, removed the phobias.

MRS. A.: MAMMARY TUMOUR. Middle-aged, active, and busy woman; spare build; tumour on breast the size of small orange for some months. Has been told it must be operated on. Advised delay, and gave *Phytolacca* 3x., which cured, and patient remained well two years later.

MR. M.: VARICOSE VEINS. Railway porter, but had to give up work on account of very large varicose veins of both thighs and legs. Had operation seven years ago, but was worse than ever. He *is chilly, feet cold*, with *offensive perspiration*. Very leg weary, only feels fit to lie down. *Silica* 200 and higher dilutions restored him to health and to work.

Three years later he called to say he had been steadily at work as a gardener; he now wished to know if he can go to the war!

MRS. B.: CALLOUS ULCER. Æt. 37; fair, slim, pale, and worn-looking. Very painful ulcer lower left leg for eleven years. Began with white swelling of the leg after confinement. Pain prevents sleep at night unless she uses Cocaine Ointment, which was given her at a general hospital; they also told her that the ulcer was callous and incurable. A few small varicose veins. ℞: *Lachesis* 200, which cured her of pain and restored her sleep almost at once. In two weeks the ulcer was half the size; in four weeks it was healed, and has been well for a year. She continued doing her own housework during treatment. She says that for

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eight years before getting this medicine she has never been able to walk on the left heel, but has put all her weight in walking on the fore part of the foot.

MRS. S.: VARICOSE ECZEMA. She had for years been bad with large varicose veins of the leg, and scabby, scaly eczema of the *dorsum of foot* and heel. Foot and ankle so swollen and painful she was unable to put on a boot. *Averse hot weather. She nearly chokes at night with flatulence. Natrum. Carb.* 200 speedily relieved.

MRS. M.: VARICOSE ULCER of leg for two years, painful, and *worse after resting.* She is a brunette, very pale, with dark circles round eyes. Had white swelling of leg after confinement six years ago. *Sepia* and later *Sulphur* have brought great relief and general as well as local improvement.

MRS. McL. Has three large ULCERS of the right leg and ankle. The latter are very swollen and red. Trouble began eight years ago with white swelling and phlebitis. She had varicose veins when in her teens. She is *worse from heat,* and puts the leg and foot out of bed half the night. *Headaches on waking since she had anæmia ten years ago.* For seven months has been under the action of *Natrum. Mur.*, with steady local and general improvement.

In this and the other cases given the patients did not rest, but went about as usual.

NURSE B.: WHITLOW for two months, during which she has applied *Biniodide of mercury* lotions on advice of a surgeon. The finger is sore and inflamed with the strength of the lotion, but the whitlow and the germs flourish unchecked. It is *very tender to touch.* She is *chilly,* likes heat, desire for pickles. ℞: *Hepar Sulph.* 200, which cured.

MR. J., farmer: POISONED WOUND of hand. In handling bales of hay an end of wire was driven through the palm of hand. Hand was swollen with inflammation, redness and shooting pain running up arm. ℞: *Hypericum* 200 with hot bath cured.

MR. W., farmer: LUPUS ERYTHEMATOSUS OF THE FACE. *Tuberculin* (Burnett) cured. Ten years later his wife came with Lupus on the tip of nose. It had

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been treated for weeks with X-ray, etc. No result. *Tuberculin* 20m. (Burnett) cured in three weeks.

MR. R., æt. 55: HARD, MALIGNANT ULCER of lower lip for nine months. Food tastes salty; was a heavy smoker; health good otherwise. Under *Sepia* 200 and higher dilutions the hardness, soreness and ulcer slowly went, and nine months later lip was healthy.

MRS. R.: DEAFNESS OF LEFT EAR. Faint and empty at 11 a.m. Had erysipelas of face and ear years ago; when it got better the deafness followed. ℞: *Sulphur* 200, which did good and relieved piles. Then ℞ *Causticum* and later *Sulphur* 55m. After this erysipelatous inflammation about the face reappeared temporarily, and the deafness and other symptoms were cured.

MISS W.: NEURALGIA AND TOOTHACHE so severe that she has had no rest or sleep for two days and nights, and she behaves as if distracted. *Desires to hold very cold water in mouth.* ℞: *Coffea* 1m., with immediate relief.

MR. L.: NEURASTHENIA. Family history of insanity. Has insomnia: noises in head; cold shiver down spine, which is sensitive. Desires heat and warmth. Starting of limbs; loss of weight; very nervous. For six months has taken some patent medicine for catarrh of stomach and throat. He was cured permanently by *Silica* 200 and higher dilutions in infrequent doses.

MRS. M.: NEURASTHENIA for a year or more. Fear to be alone; *fear something will happen; fear of heart disease;* pulse is 120 and palpitation very bad at night; little sleep, has become thin; is chilly. She was treated for three months with no benefit; then ℞: *Calc. Carb.* 200, and later higher dilutions with prompt benefit and gradual complete recovery.

MISS F.: GOITRE for four years, chiefly right side. Very large, extending out to a level with the lower jaw. Æt. 15 years. She is pale-faced with brown spots. Vomiting with severe headaches, with pains in e eyes as if they would be pressed out. *Sulphur and Tuberculin did no good. Sepia* cured in a few months. A year later no return.

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MISS G., æt. twenty-five: GOITRE, small. Wakens at night with a feeling as if a string were tied round neck. Can't wear a collar. *Lachesis* cured at once and permanently.

MISS E.: GOITRE, right-sided. Cold feet and flushes of heat to the face. ℞: *Sepia*, with speedy cure.

MRS. H., æt. seventy-two: Large, hard GOITRE for twenty-five years. It is getting worse and growing larger lately. The pressure on the trachea affects the breathing and is very distressing. Throat feels dry, food seems to choke her. Worse damp weather. *Spongia* 1m. gave prompt relief, and in three months the goitre was reduced by one-half.

MRS. E.: Severe ECZEMA with constant discharge for three months. Face, hands, and wrists chiefly affected, and are red like raw beef, with pain and itching. She gets too hot in bed, the feet burn. Faint and empty if she has to wait for a meal. ℞: *Sulphur* 200, and two months later for a slight return the same remedy in a higher dilution.

GLADYS F., child æt. five years: ECZEMA CAPITIS. Yellow crusts over head and behind ears. Ravenous appetite. *Sulphur*, *Hepar Sulphur*, *Tuberculin*, and *Psorinum* have permanently cured.

MISS D.: ECZEMA, with crusts and scales forehead and ears for three years. Itching worse when warm. At 11 a.m. empty faint feeling, better eating. Clammy perspiration of hands. *Sulphur* did good, but *Calcarea Sulphur* was required later.

MISS R.: ACNE ROSACEA. Old-standing and severe. It looks as if she had a red Guy Fawkes mask across the lower half of face and the nose, with yellow pustules dotted about. Very painful menses. *Thuja* 200 and higher potencies gradually cleared up the acne and improved the health otherwise.

MISS P., æt. twenty-three: NEURASTHENIA for a year. She became very nervous with unreasonable feelings of remorse and despair. She looks miserable, and says she has a guilty feeling as if she has done something dreadful, such as a murder. Weeping without cause. Previously a bright, active girl, she had become unfit for work, yet must be on the move;

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can't rest or sleep. She used to practice masturbation. After the failure of *Arsenicum* and *Aurum* she was promptly cured by *Pulsatilla* 200.

MRS. B.: NEURASTHENIA. Palpitation, with feeling of lump in throat seems to choke her. At menses, which are late and scanty, she is apt to get silly; *thoughts dwell on one subject.* Is *worse warm weather.* Desires salt. Sensation of *cold water up and down back.* Sleepless. She was under the action of *Pulsatilla* in various dilutions, and, later, of *Natrum Mur.* for about two years at intervals, and is now in splendid health.

MISS. B, æt. 23: DYSMENORRHÆA. Since fourteen has suffered greatly at menses. Pains are tearing and *extend to rectum.* Pain is so severe that she has been getting an injection of morphia every month. *Sulphur* 200 brought out an itching eruption, with complete relief of all her symptoms at the next period.

MISS A., æt. 20: DYSMENORRHÆA. Every month the intense pain *doubles her up* and causes vomiting; *craving for sour things.* Constipation; used to have *burning soles of feet. Veratrum alb.*, and later *Sulphur* completely cured.

ELSIE L., æt. eight: OSTEOMYELITIS. The diagnosis was made in a general hospital where she has been through several operations without benefit. The bone of left upper arm is affected, painful, swollen, suppurating through severe sinuses. She is pale, excitable, and talkative; pain arm is worse at night; cracked nostrils; warm-blooded; desires company. ℞: *Aurum met.* 200. Several pieces of dead bone came away; the arm came back to its normal size and gradually healed. *Nitric Acid* was also required.

MISS C.: CHRONIC FIBROID PHTHISIS. Very thin; has been ill six years; was a dressmaker. Cavitation and pleurisy, with loud grating sounds both lungs. Side very painful, *has to hold it. Feels better when lying still on her back.* ℞: *Bryonia* 200 with prompt and general amelioration.

MR. A., æt. 19: PHTHISIS. Tall, thin, cadaverous; hunted hare look. Unfavourable type with rapid, weak pulse (120). No appetite, poor digestion.

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Hectic fever, at times inverse temperature. Had lost during the month prior to treatment at Nordrach Sanatorium, Flagstaff, one stone in weight. Under open-air conditions the loss of weight was checked, otherwise no improvement, and prognosis was serious until he was given *Kali Carb.* 1m. He then began to gain 1lb. to 2lb. a week in weight, until he was two stone heavier. He has been quite strong and well now for ten years.

MISS R.: ASTHMA. Attacks are worse from 3 to 6 a.m., which she spends sitting up in bed. *Sycotic family history.* According to her symptoms she was treated with *Sepia, Thuja, Medorrhinum,* and other remedies with complete success, having been now free from asthma for six years.

MR. T., ALBUMINURIA, with occasional hæmaturia and casts; backache, and easily fatigued. After eighteen months treatment with *Thuja* 200 and higher dilutions he has been free from above troubles for over a year with good general health.

MRS. W.: CHRONIC BRONCHITIS AND ASTHMA, with weak heart. She is elderly, and has been practically bed-ridden for years. Gradual improvement under *Arsenicum, Conium* and *Sulphur.*

WILLIE W.: æt. nine: EPILEPTIC CONVULSIONS during sleep since four years of age. Moaning in sleep and jerking of limbs. He also grinds his teeth. *When younger used to lie on face and knees.* ℞: *Medorrhinum* 1m., with complete recovery.

MR. D.: BOILS of neck. He is a middle-aged professional man, and has had crops of boils on back of neck for several years. He is fair, is *very warm,* never feels the cold. Previous health very good. *Sulphur* 55m., repeated when required, completed a permanent cure in about three months.

MISS E.: CLAW NAIL. This lady had had a finger badly affected by ringworm when a child. The nail became diseased, and has for many years been disfigured, growing claw-shaped, and giving constant annoyance from its interference with sewing and other work. A surgeon had performed an operation with no benefit. The family history was tubercular,

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and she was given *Tuberculin* 20m (Burnett) in infrequent doses. In a few weeks a healthy nail grew in and the cure was permanent.

MRS. E.: LARYNGEAL PHTHISIS with pulmonary disease was contracted while nursing a daughter who died of the same trouble. Her case was hopeless. Intense dysphagia on swallowing, insufflations of *Orthoform*, *Morphia* and *Cocaine* were necessary to enable her to swallow a mouthful of nourishment. Still the *constant burning pain* in the throat and larynx was terrible and constant. *Cantharides* in high dilution was then given, and brought such relief that the terrible burning pain ceased, the acute inflammation of the larynx subsided, and she died three weeks later in comparative ease. After getting the *Cantharides* she refused the *Morphia*, etc.

For BURNS AND SCALDS *Cantharides*, or a blistering fluid, is a frequently used remedy. Add ten drops of the tincture to a cupful of water and bathe the part affected. It will remove the pain, promote healing, and, if used in time, will stop blistering. *Cantharides* causes burning pain and vesication of the skin, hence its curative relation to scalds and burns is obvious.

A PROVING OF CRATEGUS.

CONDUCTED BY THE DEPARTMENT OF MATERIA MEDICA, COLLEGE OF HOMŒOPATHIC MEDICINE, OHIO STATE UNIVERSITY.

ALBERT E. HINSDALE, A.B., M.D., Professor of Materia Medica and Clinical Therapeutics. R. V. HADLEY, M.D. Laboratory Assistant.

[NOTE: The Materia Medica Research Laboratory of this College has been the recipient of a gift of $500 which was procured by Dr. Thos. McCann, of Dayton, Ohio. This fund is in addition to the maintenance funds which the University supplies and was given especially to prosecute certain drug studies this year. Accordingly it was thought wise, among other procedures, to prove *Crategus*; a similar gift to the laboratory was made by Dr. McCann last year.]

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The American Homœopathic Pharmacopœia gives the following with reference to this drug :

" Common Names, English Hawthorne, Haw. White or May Thorn. Hedge-Thorn. May Bush. Quickset.

" Natural Order, Rosaceæ. A shrub, or small tree, having stout thorns from one to two inches long ; leaves slender-petioled, glabrous on both sides, wedge form at the base, and one to two inches long. Corymbs many-flowered pedicle and calyx glabrous, not glandular ; flowers broad, white or pink, flowering in May or June. It is a native of Europe and Asia. The fruit is small, depressed, globose, about the size of a pea, bright red, becoming dark late in the fall.

" *Preparation :* The fresh fruit gathered when fully ripe is used to prepare the tincture as directed under Class III. Amount of drug power, 1/6.

" *History :* This drug is said to have been first used by a Doctor Green of Ireland, who used the remedy successfully in the treatment of ' heart disease.' He used it as a secret remedy and its name was not divulged until after his death. Because of its somewhat spectacular introduction to the medical profession, the remedy has been heralded as a wonderful drug for certain forms of heart disease, yet there are many who discredit these claims ; these conflicting opinions are due, undoubtedly, to the fact that the medicine has been used empirically. A clinical *résume* of *Crategus* is to be found in ' New, Old and Forgotten Remedies ' ; this book quotes articles from the *New York Medical Journal*, October, 1896, and from the *Kansas City Medical Journal*, 1898. None of these quotations are based upon provings, but are, practically, empirical deductions. A record of the effects and uses of it is to be found in Clark's ' Dictionary of Materia Medica ' ; this authority bases his deductions mostly upon clinical and empirical experiences. So far as can be determined, the first proving was conducted by Dr. A. C. Cowperthwaite and appeared in the ' Transactions of the American Institute of Homœopathy for 1900.' In 1910 *Crategus* was proven by the Homœopathic Department of the University

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of Michigan and the results published in the *Medical Century*, June, 1910. Bradford's 'Index to Provings' (1901) does not mention the remedy. Frequent reference to the medicine is to be found in the periodical literature of the Homœopathic and Eclectic Schools."

The drug used in this proving was supplied by Boericke & Tafel.

The Provers:—Three medical students participated in the provings, and after a careful physical examination, in addition to analyses of the urine and blood, were found to be practically normal in every respect. The provers were ignorant of the name of the drug being used and recieved financial compensation for their services. Their ages were 21, 23, and 22 years respectively.

Form in which the drug was administered:—The drug was given in the form of the tincture only, beginning with five drops three times a day and continued thus for three days, when the dose was raised to ten drops, which was continued for five days. At this time the dose given was fifteen drops for two days, twenty drops for two days, twenty-five drops for six days, thirty drops for five days, thirty drops for three days, concluding with forty-five drops for two days.

Symptomatology: Unless especially indicated, no symptoms are recorded unless experienced by all three provers, yet the symptomatology reported by all three was essentially the same.

A reduction in pulse rate averaging 17 beats a minute. The individual records are as follows:—

Prover A.—Normal pulse 85, maximum reduction 17.

Prover B.—Normal pulse 71, maximum reduction 11.

Prover C.—Normal pulse 80, maximum reduction 25.

This maximum reduction in the pulse rate followed doses of ten drops of the tincture three times a day. There was a continued reduction in the pulse rate throughout the provings, but as the doses increased the pulse rate was not proportionately depressed.

Sphygmographic tracings taken from each prover at frequent intervals shows a decrease in the pulse rate, a dicrotic pulse, and a pulsus inequalis. The

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diagnostician will remember that a dicrotic pulse is usually associated with a low blood pressure, and that the pulsus inequalis is caused by intermissions in the peripheral pulse, dependent probably, in this case, upon a weakened heart impulse.

Blood pressure observations revealed a fall in blood pressure averaging 13mm. The individual records are as follows:

Prover A.—Normal systolic blood pressure, 118; maximum fall 110.

Prover B.—Normal systolic blood pressure, 118; maximum fall, 104.

Prover C.—Normal systolic blood pressure, 108; maximum fall, 90.

The maximum fall in blood pressure followed doses of ten drops of the tincture three times a day, and continued reduced throughout the proving, but as the doses increased the blood pressure was not proportionately depressed.

Repeated blood examinations demonstrated an eosinophilia in one of the provers, and this fact is significant when it is considered that all provers showed a skin eruption. Otherwise variations in the blood counts were well within the normal.

Urinary analysis was negative throughout the proving.

Each prover reported excessive perspiration of the palms of the hands, beginning early in the proving and lasting throughout; no modalities. There was also present a skin eruption characterised by pinkish macules situated at the back of the neck, in both axillary spaces and on the chin. The eruptions were accompanied by burning, dryness, smarting and were worse from heat and sweating, temporarily better from washing. A whitish scale developed on the macule in the later part of the proving.

Each prover experienced a sharp, darting pain under the middle of the left clavicle; no modalities. Also a dull backache in the lumbar region near the level of the iliac crest, better from pressure and worse from rising. Sharp, shooting pains in the left leg, hip, knee, and ankle joints, worse from walking and

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relieved by stretching the leg out at full length, were symptoms also recorded.

Other effects of the remedy are; a dull headache over both eyes, chiefly over the left; the pain seems to come and go and is worse upon motion. Slight inflammation of the conjunctiva of both eyes, with burning and smarting, chiefly in both canthi, worse from cold air, which causes eyes to water. A dry, burning sensation in the throat, accompanied by a slight, dry, spasmodic cough, caused by a tickling; not relieved by swallowing or drinking water.

A slight watery discharge from the nose. Feels wide awake in the evening; restless sleep, continually turning and twisting. Sleeps late in the morning and does not feel rested upon arising. Mental dullness characterised by an indisposition to study or perform any mental labour. Flatulence; slight nausea; feeling of fulness and weight in the stomach.

In addition to the proving of *Crategus* upon humans, the effects of the drug upon frogs and dogs were determined. When a non-alcoholic solution, equivalent in drug strength to the tincture, is administered ot a pithed frog, a marked slowing in the rate of the heart's action is the result. Some slowing may be obtained by applying the drug locally, every half minute, to the exposed heart, but a more pronounced and quicker effect is obtained by injecting fifteen minims of the remedy into the anterior lymph sac in addition to its local application. When thus given, the tracing shows, in about thirty minutes, a decided reduction in the rapidity of the heart's action. Control experiments proved that the slowing was not due to the mechanical presence of the drug in the tissues or to exhaustion.

If a dog be anæsthetised with ether and a tracing made of the carotid pulsations, there is obtained, after an intravenous dose of 20 c.c. of the non-alcoholic tincture, a fall of blood pressure measuring about 25 mm. This fall in pressure persists for about one-and-a-half to two minutes, when it returns to normal. The effects of *Crategus* upon animals are closely in accord with the effects obtained upon the provers.

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To recapitulate: *Crategus* produces, in brief, the following effects:

(1) A reduction in the pulse rate.
(2) A lowering of the blood pressure.
(3) A dicrotic pulse and pulsus inequalis.
(4) Excessive perspiration and skin eruptions.
(5) A pain under the left clavicle; backache; sharp pains in the extremities; headache; conjunctival irritation; cough; nasal discharges; disturbed sleep; mental dulness and mild gastric derangements.

Concerning the effects of *Crategus* it is interesting to note that the symptom "a reduction in the pulse rate" was reported in the proving of this drug as conducted in the University of Michigan, and constitutes the most important effect which that proving reported. The symptom "a pain under the left clavicle" was reported by G. Harlan Wells, M.D., some years ago, in the *Hahnemannian Monthly*, as a clinical symptom, which the doctor had frequently seen disappear under the influence of this remedy, but this symptom had never been produced by this remedy. The University of Michigan proving mentions no effect upon the blood pressure, for it is extremely probable that such an effect would have been reported had it been looked for. Dyspnœa was produced in the Michigan proving, which did not make its appearance in our experiments, yet one of the provers had a "touch" at times, as he said, of "difficult breathing." Attacks of dyspnœa associated with a slow pulse have been relieved so many times by *Crategus* as to make the symptom one of the reliable indications for the use of the remedy. It is the opinion of the writer that a well-confirmed clinical symptom ranks almost in importance with a symptom that has actually been produced by a drug in question.

The other symptoms of *Crategus* which we are reporting are what the materia medicist terms "general symptoms," and are of little importance to the prescriber, as such symptoms are to be found in the symptomatology of almost every drug, and these symptoms, while supposedly produced by the drug,

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should receive confirmation by other provings of the remedy before they receive full and unqualified endorsement. However, some importance may be attached to the symptom " excessive perspiration."

As a result of this proving, and the confirmations of another proving and of clinical experience, which it has produced, the writer regards the following as well verified and trustworthy indications for the use of *Crategus*:

(1) A reduction in the pulse rate.
(2) A reduction in the blood pressure.
(3) Dyspnœa.
(4) A pain under the left clavicle.

In both the Ann Arbor proving and the one which we are reporting, no symptoms were obtained until appreciable doses of the tincture were given. This is another point in common with the results obtained in both provings, and is exactly in accord with clinical experience, which is to the effect that, therapeutically, far better results are obtained with doses of the tincture, varying anywhere from five to twenty drops, than from dilutions. The writer has had considerable clinical experience with the remedy, and has never seen any results follow the administration of any of the dilutions; this same opinion is held by others.

Lastly, it may be said that this proving professes to show nothing especially new concerning the action of *Crategus*, unless it be the skin effects and the other minor symptoms, but its value lies in the confirmation of certain portions of previous experiments with the drug and of clinical symptoms, and what is of greater value than the confirmation of results which heretofore have not been universally accepted?

WORK AND WORKERS.*

Dr. J. W. Ellis, F.E.S.

Among the many naturalists of whom Lancashire is the proud possessor, Dr. J. W. Ellis, of Liverpool, commands a foremost place, and he is held in high

[* This is a reprint from the *Lancashire Naturalist* of 1912. It shows well the esteem in which our late colleague was held.
—Ed. H. W.]

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esteem by those lovers of nature who have been fortunate enough to make his acquaintance.

Dr. Ellis was born at Doncaster in January, 1857, but during the same year his parents came to reside in Liverpool, where in due course he was educated at a private school and then at the Liverpool Institute. It was during his school days that he became interested in natural history, and while scarcely in his 'teens he had formed a collection of Liverpool imports gathered chiefly during his wanderings around the Liverpool docks, and displayed, with appropriate labels, on planks laid across packing cases in an attic.

The Liverpool Museum always proved a constant source of attraction to him, and the greater part of his spare time and holidays were spent in poring over its varied collections, and he lost no opportunity of attending the lectures held during the winter seasons in the lecture theatre in the building—now practically superseded by the Rotunda Lecture Hall.

He had the good fortune to make the acquaintance of Henry Ecroyd Smith, a well-known archæologist and naturalist, who, at that time, was the Curator of the Meyer collection of antiquities in the Liverpool Museum, and it was during rambles with him that Dr. Ellis learned his first lesson in field botany, besides absorbing an amount of knowledge of archæological subjects, that paved the way for the study of certain branches of this subject in later years.

It was intended that he should be trained to succeed to his father's business—that of a chemist, and with this end in view he served a four years' apprenticeship, but ere this period was concluded he had taken preliminary steps for entrance into the medical profession, which he hoped would assist him to satisfy a great desire to travel abroad, in pursuit of natural history studies. Fate, however, decreed otherwise; family matters compelled him to settle down at home, as a practitioner of medicine.

He became a student at the Liverpool School of Medicine in 1876, where he gained several medals and prizes, and at the end of his second year he won the Roger Lyon Jones Scholarship and he also carried off

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the Silver Medal of the Apothecaries' Society of London for materia medica and pharmacology—the first occasion on which the prize had been gained by a provincial student.

Having qualified in due course he commenced practice in Liverpool, and with the exception of two year years in the Isle of Wight and the Staffordshire Potteries his professional life has been spent in this city.

During his periods of studentship he kept up his interest in natural history, especially in entomology, and he became a member of the Lancashire and Cheshire Entomological Society at its second meeting, in 1877. For several years he was Honorary Secretary of the Society, and for a score of years he worked at various groups of insects, more especially at the Coleoptera of the British Isles, of which he possessed a collection of over 2,000 species. He was also specially interested in the Coprophagous Lamellicorn beetles, and had collected material for a monograph of the *Apdodiidæ*, when the necessity for leaving Liverpool occurred, and the work was placed aside. He was elected a Fellow of the Entomological Society of London in 1886.

He was always greatly interested in economic botany, and in 1888 he won the Queen's Jubilee Prize (a gold medal and fifty guineas) offered by the Royal Botanic Society for the best essay on " The vegetable substances introduced into the arts and manufactures, and as food, during the fifty years of the [late] Queen's reign." The prize was presented by the late Duke of Teck, and copies of the essay were printed and freely distributed by the Societry.

Dr. Ellis was one of the foundation members of the Liverpool Biological Society. He also took an active part in the work of the Liverpool Marine Biology Committee that was formed for the investigation of the marine fauna of Liverpool Bay, an association which resulted in the foundation of the Marine Biological Station at Puffin Island and subsequently at Port Erin, Isle of Man. He acted as Recorder of the Actinozoa (Sea Anemones, etc.), and his report on this

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group was published in the *Transactions of the Biological Society*.

He became a member of the Liverpool Naturalists' Field Club in 1882, and succeeded the Rev. W. Banister as Hon. Secretary, an appointment he held until his removal from Liverpool in 1889, when he was elected an honorary member and presented with an illuminated address. Since his return to Liverpool in 1891 he has taken an active part in the club, being elected President in 1899, and again Hon. Secretary from 1902 to 1909, in association until 1907 with the late Miss E. M. Wood. He was again elected President for the Jubilee year of the club, and since the death of Miss Wood he has acted as botanical referee. Realising the possibilities of photography in assisting in the study of natural history, he mastered the technical details of its processes. He became a member of the Liverpool Amateur Photographic Association in 1893, and every year since then he has devoted his summer holidays to work with the camera. He was elected President of the Photographic Association in 1897.

He is an exceedingly clever photographer, possessing many medals for this kind of work, and amongst shese these he is rightly proud of that of the Royal Photographic Society—the "Blue Ribbon" of photography. To his accession to the ranks of brethren of the camera he attributes a wider outlook on and greater love for nature as a whole, than was possible in the study of special groups of natural history objects. The practice of this art introduced to him many objects of antiquarian interest, and he has done much good work on the subject of ecclesiastical architecture; especially have mediæval baptismal fonts excited his interest, and of these he has a fine collection of photographs, and he has contributed both technical and popular articles on this subject.

Dr. Ellis has served as Vice-president of the Liverpool Botanical Society, of which he became a member in 1909; he is also on the South Lancashire Flora Committee of the Society. He is an enthusiastic worker, and has taken great interest in, and rendered much assistance to this Society.

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During the last years he has devoted much time to the study of Fungi, and his coloured drawings of these plants never fail to call forth much admiration from those who view them. He is especially interested in the group Pyrenomycetes, and at present he is engaged in collecting material for a fungus flora of the Hundred of Wirral, and of this he hopes to publish the first part during 1912. In 1910 he was elected a member of the British Mycological Society.

Besides being a naturalist and photographer, Dr. Ellis is a delightful lecturer, and his lectures, always illustrated with splendid photographs, are greatly appreciated by those who hear them.

In addition to numerous scattered notes on natural history records, and articles of professional interest in medical journals, the following are the principal papers which Dr. Ellis has penned :—

Report on the Actiniaria of Liverpool Bay *Proc. Liv. Biol. Soc.*, 1886

Cyclista coccinia, an Actiniarian new to Liverpool Bay *id.* 1887

The Naturalist in Snowdonia *Red Dragon*, 1887

Notes on the Cooke Collection of British Lepidoptera *Proc. Liv. Lit. and Phil. Soc.*, 1887

Jubilee Prize Essay, " Fifty Years of Economic Botany," Royal Botanic Society, 1888

On the unusual abundance of the Madder Hawk Moth in 1888 *Research* I., 1889

The Coleopterous Fauna of the Liverpool District *Trans. Biol. Soc. Liv.*, 1889

The Lepidoptera of Lancashire and Cheshire. *Naturalist*, 1890

Ou the Secondary Sexual Characters of the Coleoptera *British Naturalist*, II., 1892

The Mediæval Baptismal Fonts of the Hundreds of West Derby and Wirral *Trans. Hist. Soc. Lanc. and Ches.*, 1901

The Mediæval Fonts o the Hundreds of Leyland And West Derby. *Memorials of Old Lancashire*, 1909

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH AUGUST TO 15TH SEPTEMBER, 1916.

GENERAL FUND.

Subscriptions.

	£	s.	d.
Miss Cargill		7	0
A. Kemp Brown, Esq.		10	6
Dr. A. H. Croucher	1	1	0
Mrs. Budden	1	1	0
Thomas Burberry, Esq.	1	1	0
The Rev. W. Bramley-Moore	1	1	0

NATIONAL HOMŒOPATHIC FUND.

Subscriptions.

The Misses Cox		5	0
Messrs. Keene and Ashwell (Received 5th June and omitted, in error, in July issue)	1	1	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 20th September, 1916.

CONGENITAL PROLAPSE OF THE UTERUS IN AN INFANT WITH SPINA BIFIDA.—According to Ebeler and Duncker (*Ztschr. f. Geb.*, H. 1, Bd. 77) among the seventeen cases of this abnormality hitherto published only in two cases, including the present one, has the muscular condition of the pelvic floor been examined, and in both these cases an extensive atrophy of the muscles was found. The spina bifida should therefore be regarded as a direct etiological factor in the bringing about of the prolapse. The ligaments of the uterus, which in the authors' case were well developed, play probably only a secondary *rôle*. The comparative examinations carried out by the authors with the assistance of the X-rays in cases of spina bifida occulta have also shown that the hidden defect in the spine is of etiological importance in many cases of prolapse. More frequently than is generally supposed, injuries to the nerve trunks may be present, which render the muscular apparatus of the pelvic floor insufficient, so that only a small impulse is necessary in order to produce a prolapse.

Medical World.

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EXTRACT.

TWO CLINICAL CASES.

By Dr. A. C. S.

(*Homœopathic Recorder.*)

The January number of the *Recorder* prompts me to write you a few lines that may encourage some weak brother to stick to Homœopathy.

A DROPSICAL PATIENT.

In 1903 Mrs. W., æt. 55, asked me to prescribe for her later home, having recently been discharged from a local hospital, after six weeks there, as incurable. Limbs water-logged to twice their normal size, swelling coming up to and slightly involving the abdomen. Of course shortness of breath on motion. Sleep only by leaning on chair forward. Urine loaded with albumin, etc. Loss of appetite. Thirst persistent for small quantities of water. Waxy appearance of whole skin surface. *Arsenicum* 30. The remedy was repeated, six pellets every three hours. The first week the improvement was right and positive. Second week, three doses daily, three twice daily, and in three months not a vestige of the condition remained. Able to do housework for daughters (two) and self, and at end of a year sample of urine was loaded with sugar. Puzzled as to this, consulted pathologist, who assured me I had in this woman a condition of arterio-sclerosis. This positively was right, as in 1911 apoplexy made the left side useless. While two daughters gave her every care, November, 1912, closed the scene in a peaceful slumber.

A MENTAL CASE.

Mrs. S., æt. 35, wife of a prosperous farmer, two children and everything to make her happy; not isolated in country, but five minutes from town, with phone and auto to please, suddenly became strange in her actions, talk and manner, with sleeplessness and obstinate constipation, lack of appetite, etc. After six weeks of best treatment by regular school, sleep could only be induced by massive doses of hypnotics,

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and stool by equally massive doses of purgatives. As indication of the severity of her condition, five tablespoonsful of castor oil brought but slight result and, on another occasion, a tablespoonful of Epsom salts in hot water was followed with five teaspoonfuls every hour thereafter with but slight result. The muscles of spine seemed numb to touch and only sensitive to powerful Faradic current. The condition of mind, coupled with sleeplessness, was to stare—she would sit and stare by hour; lack of intelligence in answers; murder; suicide.

Realising she was wrong in some way and a burden to her family, as two would stay with her day and night, she would at times get violent, put her fist through window, take off clothing, tear her hair, etc. The selection of the remedy in this case was made by a professor of materia medica in one of our homœopathic colleges, and who dares say they are not teaching Homœopathy? *Hellebore* 30, one dose daily for three days, changed the picture so completely that the papers in blank for commitment to Allentown Homœopathic State Hospital were no more thought of. The bowels began to move normally as appetite improved. The sleep improved first night, and at end of a week was, to surprise of all, quite natural.

At end of second week to try and increase action and hasten recovery gave one dose B. & T. *Helleborus* 200. The aggravation was something to remember and witness. In short, every symptom was back: Sleepless, wild in her mind. While physically strong at this stage, she wanted to beat and strike and it actually took two to hold her in paroxysms of ten to fifteen minutes for twenty-four hours, when all these symptoms subsided. Improvement set in and continued uninterrupted to date on placebo. Not another dose of remedy has been given to date with this exception: sent for *Hellebore* 1,000 B. & T., and tried one dose of same with no apparent effect whatever.

It is two months now since the first of three doses of *Hellebore* 30 was given, and the patient comes to office weekly to report. Mind is not just perfectly clear; inclined to be quiet and hates to think she has

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had mental trouble, but cure is proceeding in a way perfectly satisfactory to family and physician, and the menses which have been absent three months had reappeared when we were all worried for fear she might be pregnant.

MULTIPLE SKIN-INFARCTS DURING MEASLES.—Morgantern and Gruber (*Ztschr. f. Kinderheilk*, H. 2-3, Bd. 12) record the case of an infant a year old, who in the course of an attack of measles developed several circumscribed skin hæmorrhages covered with scabs on the left side of the body. Some were of the size of peas. The post-mortem examination showed that the necrotic foci in the skin must have originated through the obstruction brought about by coagula in regionary sections of blood-vessels. Emboli could be excluded. The thrombi formed caused a hæmorrhagic or ischæmic necrosis. In order to explain the fact that only the left side was affected in this way, the authors suggest that as the child had been lying on the left side because of pneumonia of the left lung the capillaries had possibly become injured on this side, although they recognise the hypothetical character of this explanation of the thrombosis.—*Medical World.*

TRENCH NEPHRITIS.—M. Gaud and P. Mauriac ("*Paris Méd.*, April 15, 1916, No. 16, pp. 377-392) state that of the 2,000 sick and wounded who passed through their hands in the course of three months last autumn, 6.5 per cent. had acute nephritis and the proportion has grown larger since. Acute nephritis was a rarity during the early part of the war. After from three to six days of lassitude, headache and pains in the lumbar region, the œdema develops in the course of a few hours, the face generally puffing up first. This nephritis runs its course like an infectious disease, with a rapid and cyclic course. The fever at first, the extensive œdema, high blood pressure, high albuminuria and traces of blood in the urine are its main features.

Under the influence of repose and milk diet, recovery was the rule in two weeks in an average; no case lasted longer than four weeks. No complications were noted except in two cases; these men were in coma when brought in and had had several uræmic convulsions and the urine contained up to eight gm. of albumin to the litre. Venesection twice repeated brought rapid improvement and recovery in one case, but the other patient succumbed. This has been the only death from nephritis in the service. No drugs were used except a little *Theobromine*. The hardships of the campaign reduce the resisting power of the kidneys, so that albuminuria is frequent among the apparently well soldiers. When some infection comes along the kidneys bear the brunt of its attack. In five of these nephritis cases bacilli resembling those of typhoid and paratyphoid were isolated from the blood or urine.

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REVIEW.

DR. GOLDSBROUGH'S LECTURES.

Dr. Goldsbrough, Honyman-Gillespie Lecturer for several years, has had the happy thought to publish the introductory lectures of his course in a volume entitled " First Principles in Therapeutics." It makes a compact volume, published by Bale and Danielsson, at 7s. 6d., and all readers of the " WORLD " are recommended to study and get a copy. If it is not exactly easy reading, it is profoundly interesting and stimulating reading. As befits a philosopher, Dr. Goldsbrough deals with the very groundwork of our art and those who will master his argument will find their conceptions very much clarified and probably extended. Althgether the author is to be congratulated heartily, and no less heartily the Society of which he is an ornament. Our one shadow of anxiety would be whether the usual Honyman-Gillespie audience could readily follow Dr. Goldsbrough's arguments, being as they are, mainly untrained in medical and philosophical methods. However, the doubt disappears when we realise that these lectures have been successfully followed by the students of several years. Probably the personal element of delivery avails to make clearer certain passages which are a little difficult to read. We hope Dr. Goldsbrough, having begun, will continue. There are many other points of our art which would be none the worse for a little of his searching treatment.

LONDON MISSIONARY SCHOOL OF MEDICINE.

The Introductory Meeting of the London Missionary School of Medicine will be held on October 10th, at 4.30, at the London Homœopathic Hospital. The Rev. J. Stuart Holden and Dr. Neatby will speak.

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CORRESPONDENCE.

The Wastage of Child Life and its Prevention

To the Editor of the "Homœopathic World."

Dear Sir,—With the terrible loss of life occasioned by the War our thoughts naturally turn to the future and how this wastage of the flower of our manhood is to be made good.

It is a matter which demands our most serious attention, because apart from this loss of life in war, we are at home faced with two other factors which, unless checked, will still further reduce our population. The birth rate shows a reduction and the mortality amongst children is increasing.

Public interest is being aroused in the importance of child-life and there are now many efforts being made to safeguard infants and children.

Creches, Mothers' Welcomes, Infant Consultations, and Municipal Milk Depots, are all working in this direction. The literature on the subject of Child-life is bewildering from its abundance, and several periodicals are now devoted entirely to this object. The latest effort is a Travelling Exhibition of "Child Welfare," which is now on tour! The Society for the Prevention of Infant Mortality is also doing much useful work, and the Temperance party has long since pointed out the dangers of alcohol in connection with Child life, and the "Babies' League" is doing a most valuable work in teaching mothers the dangers of alcohol.

Altogether public opinion has been aroused and the psychological moment has arrived when homœpaths should join forces and point out the great benefits Homœopathy offers to children.

Mothers are not slow in recognising the difference there is in the two schools of treatment, and statistics show the great advantages of Homœopathy.

Take, for example, pneumonia—that most serious disease of Child life—where the mortality under allopathic treatment is more than double what it is under Homœopathy.

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Although Homœopathy is equally efficacious at all ages, its advantages are most conspicuously seen in the case of children. The medicines are pleasant to take, small in quantity, and there is no vomiting or purging produced, as so frequently follows under allopathic treatment. These are such well known advantages that it is needless to say more on this subject.

If these advantages are such as I contend they are and which cannot be disproved, is it not incumbent upon us to make greater use of them than we have done in the past? Have we not a great responsibility to discharge in this matter? Do we really consider that London is adequately supplied with homœopathic facilities for dealing with its seven million inhabitants?

The present time is opportune for heart-searchings. In this world's cataclysm we have had many surprises and rude awakenings. We have been obliged to *think*. Old ideas have had to give place to new. The spirit of universal brotherhood has been aroused amongst the nations of the world who recognise that *right is might*. We have seen changes take place in our institutions which would have been deemed impossible in times of peace.

The spirit of liberality which has been called forth has taken us by surprise, and many have experienced, it may be for the first time, it is more blessed to give than to receive.

We all feel we want to do something in the great cause which has engrossed our attention for the past two years, and there are very few who have not "done their bit."

What I am trying to lead up to is the great opportunity which is now offered to all who believe in Homœopathy, and not to those only, but I will include all who have the welfare of the little children at heart, to seize the present moment and give the children an institution where they can have the best possible medical treatment.

Children's hospitals are a necessity. There are in Greater London eighteen such hospitals, for children only, but all these are under the old school methods. There is not one Children's Homœopathic Hospital.

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Just before the war broke out the Children's Homœopathic Dispensary was opened, and the second annual meeting, reported in this month's (Aug., 1916) number of the "HOMŒOPATHIC WORLD," shows how the work is appreciated and the good that it is already doing. But the work is heavily handicapped for want of a better site. It is carried on in an inconspicuous private house, where the conditions of tenure are such that no external publicity is permitted, and consequently there is difficulty in finding it and progress is slower for this reason.

There is now an opportunity of acquiring a freehold site sufficient for all the present needs of the Dispensary, and ample for its future development.

We shall probably have many suggestions for consideration, as to how to celebrate the peace which must follow ere long. What more suitable form could such a memorial take, than the permanent foundation of such a beneficent institution—where the little sick children in all the future years can be taken and have the best of care and attention?

This I suggest shall be the memorial which Homœopathy raises.

Yours faithfully,
J. ROBERSON DAY.

PROFESSOR CUSHING'S ADDRESS.

TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."

SIR,—I doubt whether many of your readers will notice the importance of the facts contained in Professor Cushing's address to the Physiological Section of the British Association, but they deserve to be studied. It was, I believe, Sir Thomas Fraser who first studied the chemical constitution in relation to the physiological action of drugs, and a law has been formulated, that the pharmacological action depends directly on, and can be deduced from, chemical structure. Professor Cushing, from a study of the actions of poisons on living matter, ventures to question the correctness of that law, and from a study of the action of different foods on my own body, I have no doubt whatever that it will be found, that the chemical

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constitution of neither drugs, poisons, nor foods, gives any indication whatever as to their physiological action. To ascertain the action of drugs, the example of Hahnemann must be followed, but if (as I prove in my book), food is the chief cause of disease, what we desire to know is, how it does so. Until physiologists, working in their way, can tell us, we must follow Hahnemann, and "prove" each food.

I am, etc.,

JOHN HADDON, M.D.

Denholm, Hawick, Scotland,
Sept. 9th., 1916.

Jaipur,
Rajputana, India.
July 28th, 1916.

TO THE EDITOR OF THE "HOMŒOPATHIC WORLD."

DEAR SIR,—In the July number just to hand I am interested to read of the case of *Quinine* poisoning I have come across cases of idiosyncrasy myself. A nurse at the hospital here came to me immediately after she had been given a prophylactic against malarial dose of *Quinine* mixture (five grains *Quinine* in an ounce) complaining of severe giddiness. I promptly gave her a dose of *Arnica* which restored her. Subsequently, during my absence she was, she tells me, forced to take another dose, and was rendered unconscious for a long time. A homœopathic practitioner in Calcutta fell ill with fever, and a friend of the old school administered a dose of *Quinine*. The patient became quite cyanosed and had just strength enough left to ask for a dose of *Arnica*, which did the needful. *Quinine* as a SPECIFIC for malaria is one of the allopathic fetishes of the present day. Much unnecessary suffering is being inflicted thereby.

Yours truly,

J. E. SYKES, M.D.

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VARIETIES.

MYOTONOCLONIA TREPIDANS.—Oppenheim (*Med. Klin.*, No. 47, 1915) gives this name to a complex of symptoms that has, according to him, not received sufficient attention. In a considerable number of soldiers suffering from injuries to the nervous system, as well as in former times after railway accidents, he has observed the following pathological symptoms: weakness, stiffness and trembling in one extremity or more frequently in both legs; in some cases pain in the back or difficulty in walking. These complaints corresponded to a disturbance of motility in one arm or a leg, one half of the body, or exceptionally in all four extremities. The motor disturbance consists of three components: a tendency to tonic muscular contractions, to clonic spasms and to tremor. Sometimes one, sometimes the other symptom is more developed. During perfect rest all these symptoms are either entirely absent or only very slightly developed, it is on active movements or the attempt to perform them that the symptoms are produced. Mental excitement appears to produce only tremor. The tonic spasm is the most constant, and in many cases the predominant system; it is not limited to the antagonist muscles on attempts to sit or get up, but implicates more or less all the muscles of one leg or even of both legs. The quadriceps and gastrocnemius are the most susceptible. Clonic spasms are generally combined with the tonic ones; in some cases a clonic spasm of one or more extremities is observed. If the lower extremities are uncovered, fibrillary tremors are often seen in the quadriceps or gastrocnemius. In such cases only a slight exposure to cold is necessary to produce this tremor, whereas in normal cases only an exposure to intense cold is able to produce the physiological rigor. In myotonoclonic conditions the intensity of the tremor is often increased, so that on the one hand a real myokymia, on the other a well-marked vibratory tremor is produced. The tendon reflexes are generally exaggerated and the mechanical muscular irritability often increased. The disturbance of gait varies according to the development of the single symptoms; it may sometimes resemble the spastic gait, or the leg as a whole may be kept stiff with the foot resting on the whole sole, but resting on the tip of the toes also occurs. In cases where clonic spasms predominate, a confusion with spastic gait is not possible; the violent tremor of the legs or even of the whole body, makes progression finally impossible. In mild cases the patient walks carefully with short steps. The author has seen the affection in combination with hysteria or neurasthenia. A violent shock or some great mental excitement, or excessive bodily exertion or chronic alcoholism, especially in patients with a neuropathic diathesis, are able to produce the described complex of symptoms, by placing the central nervous system in a condition of irritable weakness. Most of the patients complain of pain in the back, headache, sleeplessness, palpitations, etc.; some suffer from hysterical

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attacks. This neurosis is caused by a central cerebral disturbance of innervation, but not of psychic origin; possibly to some injury to the innervation-mechanism, through which isolated muscular actions become changed into tonic and clonic convulsions.

A Case of Multiple Meningocele.—Frank (*Deutsche med. Wchenschr.*, No. 32, 1915) describes the following interesting case: A non-commissioned officer aged twenty-three, the eldest of fourteen healthy brothers and sisters, had since childhood had two outgrowths at the back of the head, which occasionally had become more pronounced. On one occasion when struck by a teacher on the back of the head he had been unconscious for several hours. He got on well at school and left it at the usual time. Had been a railway labourer since the age of sixteen, and been able to do hard work without inconvenience. At the age of twenty he entered the army and became non-commissioned officer two years later. During October and November he was in the trenches and during this time the swellings on the head had increased in size and could not be reduced by pressure. He put this down to the effect of cold. In November he was taken ill with typhoid. According to the notes taken at that time the typhoid was fairly severe, the temperature rose to 40.6° C., and the fever lasted six weeks. There were no complications. The following condition was found on examination: About two centimetres above and anteriorly to the insertion of the helix on the left side there was a defect in the bone of the size of the tip of the little finger, corresponding to a protrusion of the skin about the size of a cherry. The protrusion become more pronounced when the patient bent towards the same side. It could be pressed back into the skull almost entirely, but this caused pain. A slight pulsation could be felt over the swelling. The second opening was at the occiput, near the angle of the lambda. It was considerably larger than the other. When the patient bent backwards a swelling of the size of a pigeon's egg formed, which pulsated distinctly. On standing upright, this swelling disappeared almost completely, but even then the pulsation at the bony defect was distinct. The insertion of a finger into the bony opening gave the patient pain if prolonged, and caused headache. All the internal organs were healthy, and there were no changes in the bones or signs of past rickets. The pulse was full and regular, eighty-four beats per minute. When the patient bent backwards, so that the swelling became pronounced, the frequency of the pulse rose to 118. The face then became congested. Examination of the nervous system revealed nothing abnormal; on closing the eyes with the feet together a slight swaying of the body forwards and to the right was observed. The tendon reflexes were equal on both sides, but decidedly brisk. No definite abnormalities were found in the ears. Apart from its rarity, the case is interesting as it shows that although affected with two meningoceles the patient was able to carry out heavy work and tolerate the exertions of a campaign.—*Medical World.*

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Greenyer (Vivian T.). A Medical Service for the Genuinely Necessitous Classes of the Community and for them only. 8vo, pp. 22. (Author. 1s.).

Krehl (Ludolph). The Basis of Symptoms. Translated by Arthur F. Beifeld, with an Introduction by A. W. Hewlett. 3rd American ed. 8vo. (Lippincott. Net 21s.).

Mackenzie (Sir James). Principles of Diagnosis and Treatment in Heart Affections. 8vo pp. 270. (H. Frowde and Hodder & Stoughton. Net 7s. 6d.)

Stoddard (W. H. B.). Mental Nursing. Cr. 8vo, pp. 98. (Scientific Press. Net 2s. 6d.).

Sylvan (Filip). Natural Painless Child Birth and the Determination of Sex. 18mo, pp. 160. (Kegan Paul. Net 1s. 6d.)

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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowen, Putney Hill, S.W.*

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Stephenson, New Zealand—Dr. Hawkes, Liverpool—Dr. Burford, London—Dr. Humphreys, Garston.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Hom œopatia.—Ind. Hom. Rev.—Hom-Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift—First Principles in Therapeutics, Goldsbrough.

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Generally Accepted Methods for Artificial Feeding of Infants, with Indications and Contra-Indications. By Orville R. Chadwell, M.D., Boston, Mass.

The Allen or Starvation Treatment for Diabetes.

HOSPITALS AND INSTITUTIONS.

Bristol—The Jagat Jit Homœopathic Dispensary—Sydney.

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EXTRACT:

A New Method of Detecting the Presence Blood. By H. Courturier.

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THE

HOMŒOPATHIC WORLD.

NOVEMBER 1, 1916.

THE OPENING OF THE SESSION.

THE Teaching Session opened on October 12th, with the delivery by Dr. McLachlan of his Introductory Lecture. We have the honour to print this lecture in our present issue and proudly refer our readers to it, to find therein stimulus and material for thought. In these times of warfare we cannot hope for large classes, but the work of homœopathic education goes steadily on. As the years slip by we gradually build up a teaching tradition and a body of experience and knowledge. The actual gain to our ranks in converts though slow is quite steady and we can always hope that the pace will quicken as time goes on. The work done among the students of the London Missionary School is alone worth the efforts of our lecturers, and in addition there are inquirers to be encouraged and colleagues to whom to furnish new knowledge and a renewed recollection of the old. In spite of the clouds of national and European emergencies let our work go bravely forward, for by extending in however small a way the science of healing we make perhaps the most timely contribution that we can to the need of our age

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THE LATE MR. RALPH CALLARD.

THE death in September, of Mr. Ralph Callard, deprives the world of Homœopathy of one of its staunchest supporters and most inspiring personalities. Mr. Callard was not only a lifelong believer in the homœopathic principle of therapeutics, but in him faith was a force so burning that it always urged him on to labour for the spread of the truth which he had grasped. He was literally untiring in his devotion to our cause. There was no homœopathic institution that had not his sympathy and help; busy man as he was he was never too busy to find time to give of his best energies when Homœopathy was in question, and he used the success of his career to make more valuable his services to the teachings of Hahnemann. As all know who came in contact with him, he had a very good knowledge of homœopathic teaching. His was no blind faith. The shrewdness and intellectual vigour that served him so well in life were brought to his work for Homœopathy and made him a priceless friend and counsellor in any homœopathic need. Homœopathy received many and varied gifts from him and mourns her loss to-day with unfeigned sorrow. Honour to his memory!

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NEWS AND NOTES.

The Death of Dr. Sandberg.

We deeply regret to record the death of Dr. Sandberg, of 48 Queen Anne Street after a brief illness. We hope in our next issue to give some details of his career and such appreciation as we can of his fine qualities. For the moment those of our readers who knew him will well realise how much our small band of colleagues is the poorer for his death and how greatly his genial personality and his wise experience will be missed.

The Delineation of Internal Organs.

The *British Medical Journal* for September 3rd, contains an article of extraordinary interest on this subject. The method has been originated (or at least mainly developed) in France as part of the medical work of the B.E.F., and its promise for the future is of the first importance, even though there are limits at present to its capabilities. It is difficult for any but experts to follow in detail the working of the method, but it produces pictures of the larger internal organs (brain, liver, kidney, spleen), definite enough to reveal any marked departure from the normal, foreign bodies, or cuts or tears or effusions of blood. The value of such pictures is obvious. They are produced by taking advantage of the tiny electrical currents produced by the activities of living tissues, but the way in which they are used is hardly comprehensible except to those familiar with varieties of electrical work. The future of the method will be watched with deep interest.

Influence of Salicylate on Metabolism.

The results obtained in a study of three men in on whom Denis and Means (*Journ. of Pharmacology and Experimental Therapeutics*, Baltimore, June, 1916, No. 6, pp. 273-337) made observations concerning the effects produced by the ingestion of *Sodium salicylate*

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on the urine, fæces, blood and on the respiratory exchange are reported. In the case of two normal men, the administration of two large doses of *Sodium salicylate* (up to 6.6 gm. per day) produced an increase in the excretion of nitrogen, phosphates and uric acid. In one case this increased nitrogenous metabolism was accompanied by an increase in the basal metabolism and symptoms of salicylate intoxication (such as ringing in the ears). In the other case, a much greater increase in the urinary excretion of nitrogen (which extended throughout the after period) was observed, but there was no increase in the basal metabolism and no symptoms of intoxication. In one mildly septic individual results similar to those secured with the second normal man were obtained. No change in the respiratory quotient occurred in any of these subjects.

Thorium for Pyelography.

Burns (*Bull. of John Hopkins Hospital*, Baltimore, June, 1916, No. 304, pp. 157-192) is emphatically of the opinion that *Thorium* solution fulfils all the conditions necessary for an ideal pyelographic medium. Clinically, there has never been the slightest evidence of toxicity in a series of 125 cases, the amounts used in a single case varying from a few cubic centimetres to almost a litre. This alone Burn, says, is proof of its non-toxicity. Experimentally, although in a few instances death has followed the injection of large doses into the peritoneal cavity and tissues of animals, larger doses intraperitoneally and intravenously have produced no ill-effects. That the solution is non-irritating is shown by the absence of urinary symptoms after its use, and the absolute lack of any such evidence cystoscopically, and at operation. The pyelograms and cystograms made with this solution show a splendid shadow which possesses an unusual clearness of delineation. The solution is clear and watery, therefore it possesses a great degree of fluidity, permitting its ready elimination from the urinary tract. It is perfectly clean, and does not stain the linen.

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In this particular it possesses another marked advantage over other solutions, particularly those of the silver salts. It is quite inexpensive.

Association of Colours with Figures and Words.

R. Blanchard (*Bull. l'Acad. de Med.*, Paris, May 23rd, 1916, No. 21, pp. 607-646) devotes twenty-five pages to a comprehensive study of what he calls "chromatic encephalopsia," with bibliography. His attention was attracted to the subject by two cases personally observed. The two young women had the internal perception of certain colours, one when she heard, read or thought of certain figures; the phenomenon occurred with the days of the week in the other cases. In both it dated from childhood, but it finally gradually subsided in the first case, but persisted unmodified in the other. He compares with these the various cases of psycho-chromæsthesia on record, and emphasises that the phenomena are all in the psychological sphere. They are exceptional, but not abnormal in the pathological sense of the word.

Abdominal Pain.

Jaquet (*Corr.-Bl. f. Schweiz. Aertzte*, p. 1,601, 1915) saw at an Etappe station among three hundred soldiers, thirty-five who were suffering from the following symptoms: Pain at the epigastrium or umbilical region, occurring mostly in fits, and sometimes radiating to the back or sides of the abdomen and at other times to the chest, and lasting from one to twelve hours. Any regular connection with meals could not be made out; three of the patients experienced relief after meals, others when lying on the side or when sitting doubled up. Riding, driving, long marches or the pressure of the leather belt, brought about the pain or made it worse. Eructations were frequent, also headache, giddiness, disturbed sleep and palpitations. The epigastrium was tender on pressure and deep pressure against the promontorium

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also caused pain; there was hyperæsthesia of the skin and hyperalgesia of the abdominal muscles. A third of the patients suffered from hyperacidity, but there was never constipation or blood in the fæces. The condition rapidly improved after rest and careful diet, but recurrences were frequent. The majority of the patients were sent to the hospital for gastritis, but the author believes that the dyspepsia was a subordinate symptom and points out the similarity of this condition to the "sympathicus irritation" described by Buch, who had observed it during military service with a Finnish cavalry regiment. Many of the patients had general neurotic symptoms, but it was evident that muscular exertion played an important *rôle*. That a sympathetic irritation may secondarily lead to disturbances of the digestive apparatus is not surprising.

Dr. McLachlan's Method.

Dr. McLachlan particularly wishes that readers of his Introductory Address, (printed later), should have in mind these principles upon which he founded his paper. First, the need for the widest toleration of opinion. Second, that to spread Homœopathy each doctor must be ready to be a teacher to his patient or to any one who *wants* to know. There should be no forcing it upon the unwlling, no disputes or arguments. Those who are ready to hear will hear if they are properly addressed.

Scholarships of £5 to £20. Session 1916.

The Sir Henry Tyler Scholarship Committee, believing that there are many Homœopathic Physicians desirous of studying Dr. Kent's methods of prescribing and teachings in regard to Homœopathic Philosophy, yet unable (from ties of family or practice) to go to Chicago, are now offering a limited number of Scholarships of £5 to £20 to enable such would-be students to attend the Compton Burnett Lectures.

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The Lecturer (a pupil of Dr. Kent) proposes to devote his ten lectures to *Homœopathic Philosophy, the use of repertories, potencies, dose and repetition of dose in acute and chronic cases,* with cases to illustrate the teaching.

The Course of ten Lectures begins on October 13th, 1916, and ends on December 15th, 1916, the lectures taking place on Fridays, at 5 p.m., at the London Homœopathic Hospital.

Applications for these Scholarships to be made to the Secretary of the Scholarships Committee, London Homœopathic Hospital, Great Ormond Street, W.C., stating the amount applied for, to vary with distance of applicant from London.

The Missionary School of Medicine.

The Introductory meeting to the fourteenth Session was held at the London Homœopathic Hospital, on Tuesday, October 10th, 1916. The chair was taken by F. W. Miller, Esq., and the President of the school, Dr. Stuart Holden, M.A., addressed thes tudents. Dr. Neatby, the Hon. Secretary, gave a satisfactory report of the work of last Session, in spite of shortage of teachers owing to so many being away in the service of their country. The present Session gives promise of being even more successful than the last. We hope to give a fuller account next month.

Pulse in Scarlet Fever.—Our French correspondent informs us that Dr. Nobecourt, at the last meeting of the Society of Medicine, Paris, stated that in a series of scarlet fever cases he had observed that a certain time after recovery tachycardia was present. The latter comes on either without any appreciable cause or under the influence of some slight intercurrent infection or of an attack of rheumatism with or without cardiopathy. With the exception of the latter cause, there was no appreciable modification of the heart. The presence of tachycardia may be noted first thing in the morning, when the patient is still in bed, and in this case it is generally of the orthostatic type. There is neither functional or subjective trouble nor arrythmia.

Army doctors ought to be aware of these cases, for men who present tachycardia need one or two months' convalescent leave, and when they return they ought to be carefully examined before a definite decision is taken concerning them.

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ORIGINAL COMMUNICATIONS.

THE PLACE OF TEACHING IN HOMŒOPATHY.*

By JOHN MCLACHLAN, M.A. Oxon, B.C.L., M.D. Edin., F.R.C.S. Eng.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

Since I received, some months ago, the invitation to give this lecture, I have been led to ponder much upon the principles by which I, in my small way, have, only half-consciously, perhaps, been living and working for many years. It is interesting to one's self to examine and recognise and arrange the ideas which have been slowly taking shape within one during the busy years of work. I shall be very glad if you too are interested as I try to recount them to you, and very thankful if you find in them any help or inspiration.

It is one of the privileges of the aged to be allowed to be reminiscent. I find no fault with the "privileges" but the "aged" I regret. Still, perhaps, you will allow me to give a few pages from my own experience. The late Professor David Masson used to draw a sharp distinction between Autobiographies and Reminiscences. In autobiography a man tells his own story and what he says about others merely defines his relations to them. In reminiscences, on the other hand, a man may to a considerable extent suppress himself. He may attempt merely to relate what he knows of distinguished personalities with whom he has come more or less in contact. But perhaps the distinction can hardly be so sharp as Professor Masson fancied. A man can hardly tell how other people affect him without telling at the same time a good deal about himself. So perhaps my remarks are more autobiographic than reminiscent.

In this country, at least till a few years ago, it has always been a difficult matter to gain a workable knowledge of Homœopathy. There were no schools,

* The Introductory Lecture to the Educational Session. 1916-1917.

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no lectures, and so we had just to do the best we could. In recent years, however, much has been done to remedy this grave defect, of which more anon. When first I was licensed to kill (or cure) I did not consider that I had sufficient knowledge to do either in a workmanlike manner, or as one might say, *secundum artem*. For this reason I stayed on in Edinburgh studying and teaching for some five or six years longer. When at last I thought I might venture to inflict myself on a long-suffering public, I received my first knock-down blow—in other words I met Homœopathy face to face. Up till that time, I had merely heard the word mentioned now and again by some of our teachers, but always in a sneering or at any rate in a belittling sort of way. I even knew some men who were said to practise it; but I always tried to keep as far away from such as possible, looking upon them as medical degenerates, and as probably, if one could only see beneath the adventitious wrappings, possessing cloven hoofs and a tail, if not horns. I hope those who are still alive and remain will forgive me. In ignorance I did it.

It was as *locum tenens* to one of our men that I first met Homœopathy. Both duty and honour compelled me to do my very best, so far as the practice of Homœopathy was concerned, for the medical man whose *locum tenens* I was. I need not tell you how poor that best was, but the patients were very good, and I remember them to this day with gratitude. It was in Yorkshire, and that perhaps explains it, for the people there are wonderfully kindly. The great difficulty was that I had so little to guide me in the way of books. I still remember the intense pleasure and relief I experienced when I first got a copy of the late Dr. Richard Hughes' "Manual of Therapeutics." It was like a gleam of sunshine on a gloomy day, and I then felt I could do the work I had to do with some measure of success. Some years later Dr. Hughes and I did not quite see eye to eye about certain matters, but no one could regret more sincerely than I did, what seemed to us, his untimely decease. His "Manual" may or may not be the best way of presenting the

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science of homœopathic therapeutics, but to me, at that crisis, it was a veritable God-send. I am glad to make this acknowledgment in justice to the memory of my old friend; for that incident of long ago, to me is still like the aroma of some withered favourite flower, that in an instant seems to roll back the years, and make one live over again some happy hour.

When the doctor, whose *locum tenens* I was, returned he was good enough to offer me a partnership on exceedingly favourable terms. It practically meant a moderate income at once, without any outlay on my part. Such a generous offer to one who, like myself, was without a home and very little in the way of hard cash, was a great temptation. Nevertheless, on looking at the matter from all points of view, I conceived it my duty, much to my regret, to decline the generous offer, both for my friend's sake and my own. At times I have thought that I made a mistake in acting as I did on that occasion. But in one whose life seems to have been but a succession of mistakes it is perhaps scarcely worth while to single out one episode for special reprobation. Do not imagine for an instant that I regard my embracing of Homœopathy as one of these mistakes. That is one of the few things in life that I am perfectly sure about. To one whose sole object and ideal in life, however imperfectly that ideal has been realised, was to heal the sick, there could not possibly be any other alternative. Whatever the results might be, I could do no other.

Soon after this, I came to London in order to try to get a workable knowledge of Homœopathy. I stayed at that excellent institution called Hampden House. There with great care I could manage to live for about a pound a week, though this meant that I must do without any regular evening meal. However, a small matter like that was no particular hardship to me. There day by day, in the excellent reading room of the Institution, I read and studied Farrington's "Clinical Materia Medica" for the most part, also paying an occasional visit to our Hospital, especially on Saturdays, as on that day my old friend, Dr. Thomas Skinner, used to come for out-patients. At that

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time there were no lectures on Materia Medica or Therapeutics available, so that one had to do the best one could under the circumstances. Scotsmen, from time immemorial, have found difficulties in the pursuit of knowledge. In the old days, many a Skye youth, bent on studying the humanities at Aberdeen, would mount his sheltie, traverse thereon the rough roads of his misty island so far as Kyleakin, cross the ferry there, ride on east through the ben-shadowed track of Glen Moriston, and finally bear down on the streets of the Granite City. There the overworked sheltie would be sold to pay the matriculation fees.

This short outline gives you some idea of the methods one had to adopt in order to gain a more or less workable knowledge of Homœopathy, i.e., an amount of knowledge that ought to prevent one making "howlers" in one's practice, for after all that is all one can hope to attain in the first instance.

But this is all changed, now, and many of the difficulties have been removed. Considerable progress has been made in recent years in the development of facilities for education in homœopathic theory and practice by the Medical Staff of the London Homœopathic Hospital and by the British Homœopathic Association, so that the teaching of Homœopathy is now placed on a firm and substantial basis.

We have (1) *Honyman Gillespie Lectureships in Medicine.*

After a considerable fight (if I remember rightly) but a fight to a successful finish, the Honyman-Gillespie Lectureships were established by the Trustees of the late Mrs. Elizabeth Honyman-Gillespie of Edinburgh, in co-operation with the Board of Management of the London Homœopathic Hospital, in accordance with the terms of a Trust for the purpose of founding, or contributing to found, a new School of Medicine, which shall embrace, as well as ordinary medical studies, the teaching of Homœopathy, and other new and useful medical studies. These lectureships include two courses of lectures for the systematic teaching of Homœopathy. The first course is on *Materia Medica,* the second course on *Therapeutics,*

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these latter being supplemented by Clinical Demonstrations. I believe each course consists of some thirty lectures and demonstrations. The extent and scope of these lectures are fully set forth in the pamphlet which gives an account of the Education Facilities for the *Annus Medicus* now beginning.

We have (2) *The Compton-Burnett Professorship of Homœopathic Practice.*

This Professorship has been founded in commemoration of the life and work of the late Dr. James Compton Burnett, who was a pioneer in the use of *nosodes* in the treatment of disease. The course consists of, I believe, some ten lectures. These lectures deal with homœopathic prescribing, special attention being given to the selection of the remedy, the study of the case subsequent to its administration, and the repetition of the medicine. The varied details of homœopathic philosophy will also be dealt with, and, as far as possible, illustrated by clinical cases.

All the lectureships, I am glad to say, are in very capable hands. Dr. Goldsbrough takes Therapeutics, while Dr. Wheeler has the Materia Medica course, and Dr. John Weir holds the Burnett Professorship. It will be observed that all the lectures have a very direct bearing on, in fact are entirely concerned with, therapeutics, and the necessary knowledge of Materia Medica which that implies, for in this point alone do we differ from the other school. I have always regretted that I did not have the pleasure of personally knowing Dr. Compton Burnett. He seemed to me to be a man apart, not easy to become acquainted with, a pioneer, who perhaps at times did not scruple to fling aside stereotyped methods of practice. Such men are apt to be looked upon, by some, with suspicion and distrust, for the simple reason that they are not understood. It has been like this from the beginning of time, and I suppose it will be so to its end. The unvarying sameness of the methods adopted under similar circumstances from age to age towards the unorthodox is one of the marvels of history and only emphasises the fact that human nature is unchanged and unchangeable. Truly, there is no new thing under

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the sun. "You do not do as we do," say they, "and therefore you are not one of us." "Teacher, we saw a man casting out devils in Thy name and we forbade him, *because he followeth not us.*" The fiery-tempered brother bigots got a marvellously appropriate rebuke from, to adopt Dekker's designation, "the first true gentleman that ever breathed." It is the same to-day. You do not follow us, you do not use our methods and therefore we forbid you to heal the sick. In replying to such let us never forget to be gentlemen. I am afraid that we are all apt at times to let our anger rise (we call it righteous indignation) when we are misunderstood and unjustly misrepresented. But don't let us call down fire from heaven when people will not take us at our own valuation, nor even believe us for our works' sake. Further, let us never forget that the application of the principle, *similia similibus*, is extremely varied and susceptible of almost endless and unlimited variations and development and that too along the lines laid down by Hahnemann.

This great principle is like Truth: *not* the Truth represented by a plane piece of glass with merely *two* sides: not even like a finely facetted sphere reflecting rays of light from each facet: but like a true sphere, smooth and polished which reflects rays from *every point* of its surface; and "point" here means the geometrical point—that which has position, but not length, breadth, or thickness. But no human being can possibly catch the rays from every point of such a surface at once; therefore, do not let us look askance at one another when, perhaps, what we may regard as some startling innovation is forthcoming. It is true, alas! that such a spirit of toleration has not always ruled in the past (and I regret to say not even altogether in the present) either in theology or in medicine.

It is a curious and most singular fact, whereto the history of both religion and medicine bears abundant and deplorable witness, that quarrels are ever bitterest where differences are least and the grounds of toleration most ample. Witness the official hatred of Homœopathy by the members of the other school.

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Indeed the hatred of it is worse than that of full-blown quackery, whose professors possess no medical degree of any kind. Yet we did not separate ourselves from the Old School, but they repudiated, and do still repudiate, us, though to reasonable minds surely the grounds of toleration are most ample in every way.

How then, can we best spread the knowledge of Homœopathy? The great obstacle to its spread and acceptance is ignorance. How are we to combat this ignorance? One thing is quite certain, that if everyone knew what Homœopathy is and what it can do there would be no trouble about its spreading. I doubt if we can expect great results from public lectures and besides they are apt to give occasion to the enemy to blaspheme. Nor can we all hope for "a place in the sun" and lecture to crowds of admiring students. Perhaps it is just as well, for the days of preaching are, I trust, nearly over—even for women. The world is more than weary of it. But although there is no room for preaching, there is an urgent demand for teaching—not crowds, but individuals.

In the later days of Greece, under the lame and laconic king Agesilaus, when Sparta was predominant, there lived two famous men. Their names were Socrates and Plato. Socrates was a native of Athens, and began life as a sculptor, and served the State with great credit as a soldier. He was hardy, wore only the lightest of clothes, and went barefoot summer and winter. In time he became known as one of the wisest men and deepest of thinkers who have ever lived. He did not write books or teach in a school, like other philosophers, but (and this is the point) he mixed familiarly with the common people and discussed with them all things human and divine. Like most great men he made many enemies and at last they were able to bring him to trial on a false charge, and get him condemned to death. He accepted his fate with calmness, and drank the cup of hemlock juice without a murmur or any sign of hesitation. Had it not been for his devoted pupil Plato, who carried on his work, in a plane-tree grove at Athens, and wrote many books, we should have known but little of this great and good

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man, for the central figure of all Plato's writings is his master Socrates.

It is curious how like in their methods of teaching are the two men—the Carpenter of Nazareth and Socrates. No hankering after great crowds, but each content to talk to all who were willing to hear. Neither so far as we know wrote anything, so that in both cases we have to thank devoted followers for an account of the doings and for a report of the sayings. Let these methods be our model: we can attain to no higher. We have all some confiding patients, and surely some of them will be glad to be taught, though many will not trouble and will not care. To those who are " keen " I have always made it a point to tell them all I know or at any rate as much as they could be expected to understand without special training. I avoid scientific jargon and talk in a language they can understand. We must never forget that in a very real sense he who teaches is himself taught. I think I hear someone say, " That is all very fine, but if one teaches one's patients too much, the patients will soon learn to do without the teacher. Further, suppose patients are at some distance from the doctor, there is a big chance that they will call in the nearest allopath, in case of illness, to give them his diagnosis and then they will treat the patient homœopathically themselves." All this is quite true and there is even a more serious danger, and that is that the energetic layman may think he knows enough for anything, and go on treating till the case goes from bad to worse and may ultimately become quite hopeless. Nevertheless, though I freely admit all these objections and have suffered from them, I still think this method is the best. It is like sowing seed; some may fall by the wayside, or on the rock, or among thorns; but some *will* fall into good ground and bear fruit for generations yet to come. But we ourselves must be faithful and honest: our words and works must agree. Disappointments and unkindnesses both from friend and foe we must be prepared for; for such are sure to come some time or other, and often too from a quarter we least expected. At such times, when weary and

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disheartened, we are inclined to cry with the poor old patriarch Jacob, when about to be (as he thought) deprived for ever of his beloved baby, Benjamin, "All these things are against me." But let us rather doggedly stand by our guns, and take up the cry of the great apostle of the Gentiles—"None of these things move me." But to do so we must be like him, not merely possess an idea, we must be possessed by an idea which is quite a different matter.

I think the method I have advised must have been that used by the old stalwarts of Homœopathy—"the boys of the old brigade." I have often been surprised at the accuracy of the knowledge possessed by some old patient, dating from the "globule" days; a knowledge, too, one could easily see not derived from the usual ruck of domestic works on Homœopathy. The advocacy of this method is a plea for individual effort—that each of us should do our bit. Further, we may rightly expect that patients who are homœopaths will be much more intelligent than the ordinary rank and file of allopathic patients. In carrying out the method we shall, in effect, be adopting a policy of "peaceful penetration"—a policy the least likely to court active opposition.

But we must exercise a wise discretion in the knowledge we impart. It would be quite useless to tell patients about the more abstruse facts of anatomy and physiology, for such they could not be expected to understand. It would be equally useless, as well as unwise, to tell a patient who comes to consult me regarding a discharge that drops from the back of the nose into the throat, along with earache and deep-seated pain behind the eyes, that it probably means disease of the sphenoidal sinuses, and that this is apt to affect the interior of the skull, setting up meningitis, thrombosis of the cavernous sinus, and cerebral abscess, and that such a condition is often due to the pneumococcus, the micro-organism so often present in pneumonia.

One thing is quite certain, that it is not all loss to teach patients to understand the meaning of symptoms, for depend upon it, the more a patient knows, the

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less likely he is to trust to his own devices and the more likely he is to call in a medical man as soon as he possibly can. It is the knowledge to know when to do this that he needs.

It is said that everyone should know enough of law to keep out of it; and so our patients should know enough of the signs of disease and their meaning to avoid any attempts to treat serious cases, or only "till the doctor comes."

There is an unreasoning fear of a "temperature," and most patients fly at once to *Aconite*. But to do so, in many cases, is quite wrong. I always teach my patients not to trouble about the temperature, that it is merely a symptom among other symptoms, and that within common-sense limits the higher the temperature the better. The temperature is merely the heat of the conflict between the powers that make for life and health and the powers that make for death. Forcibly to lower temperature, by any means, is to play into the hands of the enemy, and instead of helping hinders recovery. I do not mean that a patient with a temperature should be ignored; far from it, but the temperature should be ignored and the patient treated, the temperature being allowed to look after itself. If a person with some serious microbic infection has no temperature, that means that the body has ceased to fight and has succumbed to the poison, and the end thereof is death.

Witness, for example, those septic cases, surgical or otherwise, where the temperature has fallen to normal, but *pari passu*, with the fall of temperature, the pulse keeps mounting up. This state of affairs, so far as I know, only means one thing—that the patient is going to die. Again, a child with a high temperature and rapid pulse, probably means—jam: but a high temperature with a slow and irregular pulse probably means brain trouble, *e.g.*, tubercular meningitis.

Patients are apt to neglect little things (doctors too, sometimes) as of no importance, e.g., night terrors and nervousness in children may be due to adenoids, or be the "home signals" of chorea, this latter being

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often associated with a tubercular tendency. Mothers should be taught to observe and to record their observations to the doctor, as he cannot be always on the spot. I always encourage patients to give me their own views of an illness or its cause. Never despise a patient's or lay attendant's views, even though they may not agree with one's own, nay, may be even diametrically opposed to it. The day has gone past, I trust, when patients looked upon their doctor as a little god, and every word of his was to be accepted and acted on without question or criticism. I do not want to be looked upon as a god, but as a friend and brother in adversity. It is a great mistake to adopt the high and mighty Pharisaical attitude, and say in effect—" As for these people who know not medicine they are cursed." Mothers can do so much to help the doctor if they are trained to watch and record, and they can do it far better than we can, as on the doctor's visit the little sufferer may either brighten up or be unduly frightened and deceive us. I see no reason why we should not tell mothers what to look for, e.g., the contracted and wrinkled brow of brain trouble; the sharpness of the nostrils and disordered breathing of chest trouble: and the drawing of the upper lip of abdominal disorder. Again, great irritability in children is often put down to " original sin " when probably it is the prodrome of rheumatism or meningitis, and along with the irritability there may be night terrors and nervousness. In the adult irritability may be a sign of diabetes, chronic nephritis with hyperpiesis, the early stage of general paralysis of the insane, or alas! be a symptom of most un-original sin. Then again, continuous crying that nothing can pacify is often put down to bad temper in infants and young children, but is far more likely to be due to the cutting of an eye tooth, or earache; in the latter case, the child will probably roll the head from side to side and pull at the ear of the painful side.

Another condition that ought to be always very carefully investigated is when a child does not like to be touched. This may arise from many conditions, but early rickets, syphilitic periostitis, osteo-chondritis,

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trauma, e.g., a fractured collar-bone, and infantile scurvy are the chief. Again, mothers should be warned as to the real meaning of frequent attacks of tonsillitis, and of chorea, and their possible relation to endocarditis.

Before closing, I wonder if the lecturers themselves will suffer a word of exhortation ?

(1) Don't overload your lectures with "strong meat," and don't expect your hearers to assimilate too many facts at once. That is a mistake the enthusiastic lecturer is very apt to make and thereby to lessen the usefulness of the lecture. Too concentrated food is not good either for stomach or brain. The stomach wants *bulk*, even though some of it is quite useless for the purpose of nutrition. It is the same with the mental digestion. It is not what is put in but what is assimilated that makes body or mind grow. Few acts are more injudicious, more unkind or more destructive than that of "overloading" one's lectures. "The last straw" will break the back of the keenest of students not alone of a camel.

(2) It is necessary to be dogmatic and definite, even though you may have some mental reservations on the subject when teaching beginners. With men well up in their work it may be different.

(3) All Materia Medica lectures should be largely comparative. I have sometimes thought that the lectures of Dr. Kent—whose death we all deplore—might have been a little more comparative than they are with advantage.

(4) In illustrating your lectures do not lay too much stress upon, or use too often, the semi-miraculous examples of the action of medicines you may have known. Such are very useful to us personally, but I think should be used very sparingly as illustration, lest a wrong impression be conveyed to the hearers at the outset of their study. A word of caution here: before giving the credit to the medicine for the apparently marvellous result, first make sure that the patient has taken it. The pleased medicine man says, "Ah! I thought *that* medicine would soon put you right,"

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while the patient innocently remarks, "But, Doctor, I have not taken any of it." I have never been "had" in this way myself, but I like to be cautious.

(5) Do not be afraid to mention the need for a repertory, explaining what it really means, and how to use it. It is quite impossible for a human memory to remember something like a quarter of a million necessary points about our materia medica. Other sciences have to adopt similar devices. Take the science of Botany. The known species of plants are something like 100,000; even the genera are above 6,000, and these are still far too numerous to study without further arrangement, and so we have the Natural Orders, of which there are about 200.

I myself am very fond of wild flowers, but not quite in the spirit of Peter Bell—

> "A primrose by the river's brim,
> A yellow primrose was to him,
> And it was nothing more."

Nor yet, I trust, in that of an acquaintance described by La Bruyère, who was swept off his feet by the seventeenth century craze for tulips. "God and Nature," says La Bruyère, "are not in his thoughts, for they do not go beyond the bulb of his tulip, which he would not sell for a thousand pounds, though he will give it you for nothing when tulips are no longer the fashion and carnations are all the rage. This rational being, who has a soul and professes some religion, comes home tired and half-starved, but very pleased with his day's work. He has seen some tulips."

Now I make no claim to such enthusiasm, nevertheless I am not satisfied unless I can place the flowers in their proper natural order, and still further indicate the genus and name the species and variety. For this purpose we must have some sort of analytical key. Such a key is necessarily artificial, just like our repertories, and it is solely intended to assist us in finding out the name of the plant and its place in the system, like the letters of an alphabet in an

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index. To take an example—we will suppose we have an unknown flower to examine and identify :—

1. The perianth is double, *i.e.* the floral envelopes consist of a calyx and corolla.
2. The corolla consists of several distinct petals.
3. The ovary is free, within or above the petals.
4. The ovary is solitary (simple or compound).
5. The corolla is regular, the petals being equal and similar to each other.
6. The stamens are fewer than ten.
7. The leaves are alternate, or radical or none.
8. It is a herb, not a tree or a shrub.
9. The petals are four.
10. The stamens are six, of which two are shorter than the others.

The plant in question, therefore, must belong to the natural order Cruciferæ.

In this particular case we might have used the " key-note " method, when the four petals and the six stamens of which four are long and two are short, would tell us at once what we want to know. But our plant is not yet identified by any means. We have only found the natural order. The eight tribes of this order must now be examined, these comprise twenty-seven genera, which in turn represent sixty-six species at least. But for this purpose, we must consult a treatise on Systematic Botany, just as we must consult our Materia Medica when the Repertory has enabled us to limit the likely remedies for any particular case to a few medicines, or perhaps to one only.

I am afraid, Mr. Chairman, Ladies and Gentlemen, you will be tempted to pass a somewhat similar criticism on this lecture, to that of an old Scotch lady, who, when asked how she liked the prayer of the new minister, replied : " He gave the Almighty a deal of miscellaneous information." Be that as it may, I thank you for the patience with which you have listened to me and trust that I have not taxed that patience too much.

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THE MODERN PARCAE: THE INTERNAL SECRETIONS AS THE FATES OF THE BODY.

By Dr. George Burford.

II.

At the loom of life, whose shuttle runs ceaselessly day and night, preside the internal secretions. These are the fates weaving the web of physical existence for each man and all men; a web that is full and perfect when the internal secretions normally activate the warp and woof of the fabric, but of shreds and patches when the ductless glands work in defect or in excess.

Without the *thyroid* internal secretion in balanced proportion life comes to a standstill; the child remains a child in mind and body; the adolescent lacks the developments of sex and the consequent opening out of physical and mental attractiveness. The adult becomes first obese and somnolent, and later "sans teeth, sans hair, sans mind, sans everything." But without the *adrenal* internal secretion in sufficiency or in balance the state of matters is more parlous still. In embryonic life the cerebral hemispheres are wanting, and the infant is born a brainless shape; later, in independent existence the full anchorage of sex is loosened, and femininity drifts into the masculine type; while at any time defect in secretion due to disease banishes tone from the circulation and stimulus from the nerve centres, and the springs of life fail.

The manifold elements of the vital warp and woof further contain as an essential the *pituitary* internal secretion; lacking this in normal balance gigantism on the one hand, or massy increase in avoirdupois on the other spoil the bodily symmetry. In this latter case the pituitary is in defect, and the importance of this internal secretion in the metabolism of fat thus springs to the eyes. Perhaps the internal secretion of the reproductive glands, (ovaries and testes), quite separate from the provision of ova and sperm, are more far-reaching than the others. Without these

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growth would continue beyond bounds, or the body become bulky and formless, devoid of symmetry; the voice childish, the mentality dull, and grace and dignity in mien and carriage lacking. Thus at the "roaring loom of time" the internal secretions, like fate, activate and neutralise and control the springs of life and the physical issue is the product of their harmony or discord.

The Fates at Work.

The Internal Secretion in Defect or Excess in Early Life.

From earliest infancy to the term of life the internal secretions may be watched at work in defect or in excess. Convulsions are the terror of post-natal life, and convulsions however induced have frequently as their background a thyroid instability. The whole of childhood—the time of development—is pre-eminently the scene of thyroid instability, whether induced by a faulty sanitation at home, unsuitable food or the tubercular toxin. Insomnia, night terrors, excitability—these are the typical indications of an excessive thyroid secretion which continued without stint leads to the other extreme, that of thyroid exhaustion; and then with more or less suddenness comes a period of defective growth, dullness of intellect and unusual lethargy. Here is portrayed the action of the thyroid secretion, now in excess, now in defect; those who watch the development of children are familiar with both. Thyroid defect may less commonly exist from the first, and produces the well-known type of defective growth, defective teeth and backwardness in physique. Later in development comes the time of adolescence, and here defect or excess in internal secretion may be seen in living picture. The girl of ten or twelve begins with periods, the body growth is arrested, the hair becomes thin and scant. The balance of internal secretions is gone, the ovarian hormone has leapt to the front, the thyroid and adrenals work at more or less half time. In the other extreme, late adolescence, is also seen disturbed internal secretory glands. Up to seventeen or eighteen

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the period has not occurred, the bodily growth proceeds without arrest, the attractive secondary characteristics add no grace to the frame; the intellectual development lags, the ovarian hormone stimulus is lacking, as also the full effect of the thyroid.

Outward and visible signs of disturbed balance in the internal secretions.

Observe in any busy street or place of recreation the countenance and the physique of those still in the plastic period of life, i.e., up to the age of twenty—" noble clay, pliable in the hands of the potter."

This assemblage of youth is an object lesson in the defect and the excess of the internal secretions. The dwarfish, the undersized, with thickset and sturdy frame, owe their arrest in growth to the exhaustion of the calcium-fixative powers in the growing areas of the limbs—the epiphysial cartilages, and the stimulus inducing calcium fixation, is a special function of the internal secretions. But all young life below the average height is not of heavy build; there is the *petite*, fine featured form of slender proportions; here the defect in rich and opulent growth is also an internal secretory defect, of plural character, the adrenal and pituitary hormones being out of balance. Nor is it possible to miss the puffy face, mouth agape, and stuffy nose of the " tonsils and adenoids " victim; enlargement of tonsils and growth of adenoids are particularly prone to occur in children after infective illness, especially measles. Here, lesions of the supra-renal glands may commonly be demonstrated in the bad cases, and says Ewan Waller, " it is a reasonable argument that ordinary cases of 'tonsils and adenoids' *may* depend upon temporary supra-renal exhaustion."

Some interesting Mendelian studies have of late years been made in tallness and shortness. The tall owe their eminence to the stimulus of certain of the internal secretions, and the unusually tall thus advertise their indebtedness to the unbalanced activity of the pituitary and pineal among the ductless glands.

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Circumstances favour or thwart commanding stature: but this may develop in spite of overwork or poor food; and the inopportune introduction of the ovarian internal secretions, or the shortage of thyroid, will lay the axe to the tree of continued growth as surely as exhausting illness or starvation.

Thus the architecture of the physical frame is wrought during the period of growth by the activation and control of the internal secretions. Given the adequacy and balance of these, and the organism may be as that of "a daughter of the gods, divinely tall," but with a deficiency or imbalance of the hormones of the ductless glands, the growth is that of disproportion between height and weight, either being in defect or in excess; and this although the daily life may be well guarded. Owing to the internal secretory defect, at least one function of development is starved in the midst of plenty.

The Fates at Work: the Individual Morale.

The ancient problem of Body and Mind, and their link and relation has entered on a new phase, illuminated by the new hormone knowledge. Hitherto the cerebral hemispheres have been crowned as the lords and arbiters of human personality. But *quis custodiet custodes ipsos?* It is passing strange that the brain—that subtly attuned instrument of myriad strings—should in its sublimated energies follow the ebb and flow of the internal secretions.

Early in the embryonic life the characters of sex develop along lines of cleavage controlled by the internal secretions. Masculinity and femininity have now their essential lines laid down: and as part of each totality goes the psychical equipment of the corresponding sex. How intimately the intellectual and emotional equipment is bound up with the objective sex characters, and both with the hormone control, is shown by pathology. When, in women in later life, the adrenals are hypertrophied, the changes towards masculinity may be most marked. "The periods cease, the mammæ shrink, hair grows on the face, the voice deepens, and last and not least, pro-

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found physical changes have been known to occur, a previously gentle woman becoming rough and aggressive."

Leaving aside the psychical problems of femininity and masculinity, observe the thyroid secretion for instance, in defect or in excess, and note the corresponding intellectual vagaries. Here is a case from life (given by Hertoghe) : " At the age of fourteen years the boy's height is but twenty-nine inches (the normal stature of a boy of eighteen months). The infiltration of the entire body, the gaping mouth from which the overlarge tongue protrudes, the bent tibiæ, the enormous protrusion of the abdomen, the scanty hair, etc., all point to extreme hypo-thyroidism. The intelligence is nil : the expression of his emotions by a few grunts is all that he is able to accomplish. After sixty-nine days' treatment with thyroid extract the child has grown nearly four inches, and the facial expression has become interrogative and intelligent. After two years and nine months of treatment he has grown sixteen inches, and his intelligence has rapidly developed ; he can now speak, and takes an interest in everything that goes on around him."

The cases in which the thyroid secretion is in excess or defect, with but few pronounced physical symptoms, but with definite mental indications, are as numerous as leaves in Vallombrosa. Here are the intellectual portraits, drawn by a facile pen. " Sub-thyroidic children sleep very heavily, and are not easily disturbed. In slight cases there is an extreme turbulence with a disposition to throw down and break everything. Others are rather more intelligent, but they succeed in retaining little, and remain puerile in their tastes and conversation long after reaching the adult state."

And this is what the issue in adult life comes to : " He knows what he wishes to say, but the cerebral image is clouded. Melancholy is the predominating note, and he is the victim of a resigned and silent sorrow. His reason is never dulled and his better self possesses its full perceptive powers ; but the expression of his opinion is so fatiguing that he ceases to attempt it."

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Rather more vivid and distinctly more interesting is the pen-picture of the feminine adolescent whose loading is a certain excess of the thyroid internal secretion :

" Whatever she may previously have been, she now becomes unstable, assertive and wilful, unreasonable and *difficile* to the last degree. To make matters worse, the intelligence is often not only unimpaired, it is hyper-acute. The fondness for music, the drama, for artists, actors and tenors, is a pronounced and often a pathetic feature."

Internal-Secretory Imbalance.

The perturbations of the internal-secretory mechanism of the body are not merely those of particular defect or particular excess : the balanced proportion of the whole may be altered, various members of the totality variously contributing to the perversion. Most of the classical maladies in which internal secretory defect plays a conspicuous part may have this complex rendering of the minus-hormone factor. Many cases of neurasthenia are definite pictures of secretory excess and defect. It is possible that, as the new knowledge deepens, the control or the prophylaxis of malignant disease may be consequently effected. Other forms of tumour of the non-malignant kind may ultimately come under this counteraction ; and in particular, fibroid tumours of the uterus have been specified as due to uterine irritation by an abnormal ovarian secretion, though probably this reference, for curative purposes, will have to be somewhat widened.

The problem of tuberculosis has its internal-secretory side, and this latter as a protective mechanism against the ravages of tubercular toxine. It is needless to amplify the list of clinical entities—as well as symptoms—that with fair ascription may be scheduled a consequences of excess, defect, or imbalance, of natural hormone provision : the list already is of unmanageable dimensions, and needs some criteria for its correction.

The internal-secretory activities concern themselves with the whole range of Pathology and Medicine : and with their powers activating the triumphal car of Therapeutics, we propose to deal in the ensuing chapter.

(*To be continued.*)

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SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the new Session was held on October 5th at the London Homœopathic Hospital The President, Dr. C. E. Wheeler took the chair. After confirmation of the minutes of the last meeting, Dr. Burford proposed the election to the International Homœopathic Council of three representatives of the British Homœopathic Society for the year, Dr. Wynne Thomas, Mr. Dudley Wright, and Dr. Wheeler. This was unanimously agreed to. Dr. Goldsbrough presented to the Society's library a copy of his recent publication, reviewed in this Journal last month. The President in the name of the Society expressed the deep appreciation of the members for the gift. Dr. Burford propossed and it was unanimously carried that an expression of fraternal greeting from the Society should be sent to all its members on active service.

The President then delivered his address on "Therapeutic Problems and possible Answers." At the close of it, Dr. Burford proposed a vote of thanks to the President, Mr. Knox Shaw seconded, and Dr. E. A. Neatby supported. The secretary, Dr. Sandberg, put the vote to the meeting and it was unanimously carried.

CANCER OF THE MALE BREAST.—According to Hasse (*Munchen. med. Wchensch.*, No. 45, 1915) cancer of the male breast is most common in old age, grows slowly, is of smaller size and more central situation than is the case in women, and almost invariably implicates the regionary lymphatic glands. Scirrhus is the most common form. The author describes the following case: The patient was a man aged 43, with tuberculosis of the left lung, with frequent hæmoptysis, and also mitral insufficiency. For the last two months he had noticed a growth of the left breast, which had grown rapidly. At the operation a collection of glands of the size of walnuts were removed from the axilla; half of the pectoralis major was also removed. The man was discharged a fortnight later, after primary union. The case is of interest for several reasons: the tumour was of considerable size; it was found to be a medullary carcinoma; it was growing very rapidly and the patient was comparatively young.

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH SEPTEMBER TO 15TH OCTOBER, 1916.

GENERAL FUND.

SUBSCRIPTIONS.	£	s.	d.
H. Mayfield, Esq.	1	1	0
Dr. E. B. Roche	1	1	0
C. W. Rock, Esq.	1	1	0
W. Wilkinson, Esq.		10	6
Miss Ramsey	1	10	0
Dr. Jessie M. Murray	1	1	0
W. Langton, Esq.	1	1	0
Dr. E. A. Hall	1	1	0
Lady Perks	1	1	0
Miss E. C. G. Bell		10	6
Dr. Stonham	1	1	0
Dr. W. A. Davidson	1	1	0
Dr. J. T. Finlay	1	1	0
F. H. Evans, Esq.		10	6

NATIONAL HOMŒOPATHIC FUND.

SUBSCRIPTIONS.	£	s.	d.
Mrs. German	1	1	0

The usual Quarterly Meeting of the Council was held at Chalmers House, on Tuesday, 10th October.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 18th October.

COMPTON BURNETT FUND.

The Lecture given under the auspices of the Association to inaugurate the Educational Courses of the winter session was delivered at the London Homœopathic Hospital on October 11th by Dr. John McLachlan, of Oxford, under the title of "The Place of Teaching in Homœopathy." Mr. W. Lee Mathews, the Chairman of the Association, was in the chair,

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EXTRACTS.

FAINTING ATTACKS IN CHILDREN.*

By Robert Hutchison, M.D., F.R.C.P.

Physician to the London Hospital and the Hospital for Sick Children, Great Ormond Street.

In hospital out-patient practice children are often brought with the complaint that they suffer from "faints" or "fainting attacks." The following are brief notes of some cases of this sort.

(1) Girl, aged 4½ years. Had her first "faint" when two years of age, but no recurrence until within the last few months, when she has had two more. She "goes white" and "doesn't know you" and would fall down unless supported; a cold sweat breaks out on the forehead; she is not sick. The whole attack lasts about ten minutes. All the attacks have occurred in the afternoon and some time after a meal.

She has otherwise always been a healthy girl and has not suffered from indigestion or constipation. On examination she appeared perfectly healthy in every respect.

(2) Boy, aged 8 years. For some months past "comes over faint," turns white, and has to lie down, but is not insensible; is not sick, but often has a headache after the attack. The whole attack lasts some minutes. His general health has been fair, but he is "always tired" and is backward with his lessons.

To physical examination he appeared rosy and well-nourished and the heart perfectly healthy. He is perhaps rather mentally defective.

(3) Girl, aged 5½ years. When two weeks old had a "collapse" lasting some hours, and has had these on and off since, but more frequently of late. The attacks now usually occur before breakfast, but she may have as many as three in one day. She "goes pale," "can't stand," and sometimes retches.

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The whole attack lasts from half to three-quarters of an hour.

A nervous, rather poorly-nourished, dyspeptic child. No anæmia and no signs of organic disease.

(4) Girl, aged 8½ years. During the last twelve months is subject to "faints" especially before breakfast, but also on standing for any length of time. In the attack her "lips go white" and she has to lie down. It passes off in a few minutes.

A thin, nervous, excitable child, but not anæmic; The heart quite healthy.

(5) Girl, aged 7½ years. For two weeks past has tended to "faint" when getting ready for school in the morning. She "flushes and then goes white," and has to lie down. In a quarter of an hour the attack has passed off. Physical examination entirely negative.

(6) Girl, aged 10 years. For two or three months has been subject to "fainting attacks," especially when dressing in the morning. She goes "right off" and is "quite white." May remain in this condition for about half an hour. Her general health is poor; she has a bad appetite and is subject to headaches and constipation.

A poorly nourished, ill-developed child; no anæmia; heart normal.

(7) Boy, aged 12 years. Has had "fainting attacks" at irregular intervals for the last six years, but they are getting more frequent. Feels "bad" when the attack is coming on, looks "white and drawn," "not really insensible," and can answer if spoken to. The attack usually passes off in less than five minutes. His health otherwise is very good, but he seems "lacking in energy."

A healthy-looking, well-nourished boy, with no signs of organic disease.

(8) Girl, aged 5 years. "Faints in the morning" for the last three months, usually when at breakfast. She "goes very white" for a few minutes and then

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it passes off. She sleeps badly and is worried about her lessons.

(9) Boy, aged 6 years. Six months ago had scarlatina. When he returned to school began to have "faints," which have occurred frequently since. They usually occur about midday, just before his dinner. He "goes pale," and dark under the eyes, and if sitting at table may fall forwards. He comes round again in a few minutes.

A rather pale, thin boy, not anæmic; heart normal.

(10) Girl, aged 11 years. Subject to "faints" for some months, but they are getting more frequent. They usually occur in the early morning or at school; goes "ghastly" in the attack and may vomit, but is not insensible, and it passes off gradually, in a few minutes.

A tall, thin girl, not anæmic. Heart shows a musical systolic murmur at the apex, but is otherwise normal. Other organs healthy.

It will be noticed that both sexes suffer from the attacks, but girls rather more frequently than boys. Occasionally they date from quite early life, but usually they do not appear until about the fifth year or later, and are commonest after the school age. In general features the attacks are very similar in all cases. The child is observed to "go white"; he may fall down, but does not lose consciousness entirely, although in some cases he is dazed, or even only semi-conscious. Occasionally retching or even vomiting occurs, but in no case was urine voided involuntarily. The attack lasts for a period varying from a few minutes up to half an hour or even longer, and passes off gradually. Sometimes it is followed by headache. The commonest time for the attacks to occur seems to be in the morning, often before breakfast or whilst the child is getting ready for school. Many of the children are nervous and dyspeptic, but in a considerable number the general health is quite good and the appearance of the child flourishing. There appears to be no relation between the attacks and the occurrence of any previous disease.

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On only one occasion have I been fortunate enough to witness an attack. The patient in that case was a boy aged 10 years, who had been subject to faints for some time. When standing up to be examined he suddenly became pale and giddy, the pulse very slow and feeble, and the heart sounds toneless. He was quite conscious, but somewhat confused. On laying him down he gradually revived, and then flushed a little.

I have not been able to discover any cause for the susceptibility to these attacks, but over-strain at school certainly seems to play a part in some cases. Dyspepsia and nervousness are so common amongst the hospital class of children that their association with the attacks may easily be a coincidence.

The diagnosis is not difficult, minor epilepsy being the only condition which might be mistaken for them. In " faints," however, consciousness is not completely lost, and their duration is usually much longer than that of an epileptic seizure.

As to the pathogeny of the attacks, it is difficult to speak with certainty. Mothers, and sometimes doctors, are apt to ascribe them to " heart weakness," and are often much alarmed in consequence. There is no reason to suppose, however, that the heart is primarily at fault.

In only one of the above cases (No. 10), for example, was anything abnormal detected on examination of the heart, and in that instance there was no reason to suppose that the systolic murmur present was any real indication of cardiac inefficiency. Further, one does not find that children with valvular or congenital heart disease are in any way specially liable to attacks of faintness.

It seems much more probable that the condition is primarily nervous in origin and due, perhaps, to a temporary sympathetic paralysis leading to uncontrolled action of the autonomic system with vasodilatation in the splanchnic area and inhibition of the heart. Whether liability to the attacks may be the consequence of a defective suprarenal secretion resulting in a lowered sympathetic " tone " is an interesting subject of speculation.

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As regards treatment, I have always found that removal from school, change of air to the seaside, and the use of *Strychnine* as a tonic, along with attention to the digestive organs, speedily results in a disappearance of the attacks.

MALIGNANT MALARIA.*

By CAPT. J. C. McWALTER, M.D., F.R.C.P.&S., R.A.M.C.
British Expeditionary Force.

IF anyone asked you to name one of the diseases about which literature existed in the most lavish extent, you might be tempted to say malaria. If, however, you sought from this mass of written matter any instruction about that form of malaria which is popularly called "malignant," you will be amazed at the paucity of the information to be obtained—save the assurance, comforting to you after many mishaps, that patients who get malignant malaria generally die.

By malignant malaria one means the malignant or subtertian fever produced by the species of malaria parasite known as *Plasmodium falciparum*. As a rough clinical rule, one might say that all cases of malaria which are not miraculously affected by *Quinine* are malignant. In practice one would not label a case with this designation unless a competent microscopist had demonstrated in the blood the crescent-like gametocytes of *P. falciparum*. Its cycle is one of 48 hours, or in its quotidian form 24 hours. I think the worse cases are 24 hours, but the fever is apt to be of a remittent type, and the alternation of hot, cold and sweating stages may be absent. The patient does get periods of extra heat, periods of chill and occasional cold sweats, but the bad cases which I have seen have been chiefly noticeable for the lack of any definite regularity in the course of the fever. The patient got worse towards sunset,

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was a little better towards noon, and gradually became more restless and heated as the day wore on, being particularly exhausted if it happened to be very warm. I have never met with dramatic temperatures, even in cases of malignant malaria which proved fatal. This was presumably due to the fact that they were all under the influence of *Quinine*. No case under my care ever went beyond 106° F., and no fatal case had a persistent temperature above 103° F. Death, therefore, in malaria, is obviously not merely due to hyperpyrexia.

Those of us who have been practising medicine for any time have few firm therapeutical convictions left, but we will not willingly part with the belief that *Quinine* cures malaria. Still, I have to confess that I have treated under most favourable hospital conditions cases of malignant malaria with *Quinine*, and they have died in spite of it. They were patients, moreover, who had been fairly well soaked in *Quinine* for weeks. Certainly I never gave colossal doses—usually thirty grains daily, continuously, and in bad cases 45 grains daily; never more than sixty grains in the twenty-four hours, though, in spite of these doses, some cases died; others—some definitely diagnosed as malignant malaria and exhibiting flocci-tation, carphology, delirium, coma or incontinence—finally recovered. *Quinine*, therefore, though not an infallible cure, is probably the best remedy and the only hope in cases of malignant malaria.

Some physicians state that even sixty grains in twenty-four hours is quite inadequate, and that you ought to give twenty or thirty grains every hour or two. One wonders whether those gentlemen have really had experience of any bad cases and really given these large doses. Certainly I felt, observing patients who were on forty-five grains daily for some time, that the safe limit was reached, and that there was already indication of *Quinine* poisoning. The air hunger, the dangerously hurried respiration, the anuria, the ghastly pallor, the giddy headache, the intense depression, the absence of appetite, the paralysis of the pharynx, the impossibility of swallow-

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ing—all seemed to suggest that the long-continued saturation with *Quinine* was causing a deleterious effect on the red corpuscles. The tanny state of the spleen, as exhibited *post mortem*, as well as the melanotic condition of parts of the kidneys and the liver, seemed to support this view. The corpuscles were apparently unable to act as oxygen carriers.

Blood-letting is lauded by some writers in desperate cases of the comatose type of malignant malaria. In some cases I have found it impossible to get blood to flow even by opening the jugular vein. As death approaches there appears to be an agglutination which keeps the blood from leaving the vein, some hours after death it escapes freely enough from large vessels.

Those cases of malignant malaria which have died under my care were of three types—a comatose malaria, where the capillaries of the brain were filled with malaria parasites, where there was persistent restlessness, sleeplessness, precordial agony, failing voice, absolute anorexia and inability to swallow. Another type is a species of dysenteric malaria. There is vomiting, prostration, unaccountably rapid pulse, a choleraic diarrhœa, an intolerable abdominal pain, an awful anxiety, an air hunger, a painful sharpening of all the special senses as the end draws near. The third type is very much like what the older writers called typho-malaria; the symptoms of typhoid are added to those of malaria, and the patient dies from sheer exhaustion. In those cases malaria parasites may be found in the earlier part of the attack. These disappear, whether because of *Quinine*, or because of the onset of a fresh infection, is uncertain; and organisms of the typhoid group can be grown from the blood. When true typhoid supervenes in a case of malaria, the danger of death is great. When the organism is proved to be paratyphoid A or B, the chances of recovery are much greater; in fact, the supervention of a paratyphoid infection in a case of benignant malaria does not constitute a very grave disease. Osler states that intestinal symptoms are usually absent in malaria, but this is quite opposed to experience in the Mediterranean area. Rogers

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indicates that at certain seasons almost half the cases examined by him exhibited the subtertian parasite. Judging from his figures the majority of his cases must have run a very much milder course than those which I speak of as pernicious, or malignant, for these do not constitute more than about five per cent. of the cases of malaria which arrive here.

Scheube, who is a very acute observer, describes as typho-malaria a disease which seems very familiar to physicians now practising in the war area. It combines the characteristics of typhoid and malaria, and is marked by an abundant outbreak of red spots and a mortality of about thirty-three per cent. One sees many of these cases, which occur in the Salonika area. The patient originally is stricken ill with a violent heart attack, which suggests sunstroke and runs on to a very high temperature. Examination of the blood demonstrates the presence of malaria, and after about a month's treatment he is fit for removal, being apparently convalescent. In about another week he develops another fever of an abdominal type, and about the second week of it a copious rash, almost like measles, spreads over his chest and abdomen, and persists for about eight days. Meanwhile the bacteriologist declares that he has now got para-typhoid B.

These cases, however, run a fairly favourable course as a rule. The mortality is quite slight, but the patient is in hospital for about two months, and will be unfit for service for another two, since they are serious from the invaliding point of view.

Marchiafava states that these intestinal cases of malaria are due to a superficial ulceration of the gastro-intestinal mucosa. We observed only a hyperæmia, unless when there were well-marked typhoid symptoms—or an ordinary dysenteric ulceration of the large intestine.

There seem, then, to be a certain, though small percentage of cases of malaria which do not re-act to *Quinine*, and for which one knows no remedy. Death is, indeed, probably always due to some complication, but that does not greatly lessen the danger. Even in these cases *Quinine* ought always to be given.

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Small doses of *Arsenic*—say, four minims—make it, I think, more effectual when the patient has become somewhat inured to its effects.

There are those who deny that alcohol ought to be given in severe cases of malaria; I believe it to be quite necessary. Champagne seems the best form. My worst case recovered after being put on two bottles of champagne, besides brandy and *Quinine*, with occasional doses of *Strychnine* as a daily ration. Good ale is a favourite drink with patients who will take nothing else. Milk one gives as a regular routine, but many malarial patients dislike it intensely. When the patient is already on *Quinine*, *Aspirin* and *Phenacetin* have a wonderfully soothing, but not a curative effect. Where bowel symptoms suggested dysenteric trouble, I have tried *Emetine* with the *Quinine*, but without obvious benefit. In really desperate cases the effects of even *Strychnine*, *Ether* or *Ammonia*, injected hypodermically, are scarcely perceptible.

Saline solutions, which work miracles when introduced intravenously or by the rectum in certain cases of collapse, were useless. Intravenously, indeed, there was a momentary brightening up; rectally, the saline seemed worse than useless. Many writers are emphatic on the advantages of giving *Quinine* intravenously. My experience goes to show that if it will do any good it is quite as effective by the mouth. In really bad cases of malignant malaria. then, one knows no infallible cure. Your best chance is to insist that your patient shall have plenty of *Quinine*, several good nurses, and abundant and vigorous youth.

PREVENTION OF TRI-NITRO-TOLUOL POISONING. *

It may be remembered that some time ago we gave an account of a memorandum on Special Industrial Diseases, prepared by the Health of Munition Workers Committee, and issued by the Ministry of Munitions. It dealt, among other matters, with disorders produced

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in workers by various explosives, and indicated preventive measures which should be taken. The most important of the explosives seems to be tri-nitro-toluol (T.N.T.). Operatives employed in its manufacture and in loading it, either pure or mixed with other substances, into munitions, have been found affected with unusual drowsiness, frontal headache, eczema, and loss of appetite. In exceptional cases sudden collapse might occur after a few hours' work on a hot day, but generally the symptoms were at first slight and, if exposure ceased, quickly disappeared; if the exposure were continued the symptoms tended to become more severe and might be associated with cyanosis, dyspnœa, palpitation, rapid weak pulse, constipation, vomiting, anæmia, pains in the limbs, and jaundice and bile-stained urine. In a few cases profound jaundice supervened, and death had been known to result. In one case, quoted, the woman who died was aged twenty-two years, and had been exposed during about five weeks' employment in a munitions work to dust generated in manipulating a powder containing a moderate amount of tri-nitro-toluol. It appeared that she often left her home, which was five miles from the factory, without sufficient food, at 4.45 a.m., and that no adequate provision was made for her to take food an arrival before commencing work at 6 a.m. At this factory, several other cases of illness occurred, and it was found that washing conveniences were primitive, cloakroom and overall accommodation inadequate, and personal supervision insufficient. The Committee pointed out that as the action of the poison, though progressive, was slow, precautions could be taken. In particular, it was said that perodical medical examination of the workers, with power to suspend from employment any affected person, could be arranged; and it was stated that where this had already been done beneficial results had been observed.

The Ministry of Munitions has now issued a series of regulations of factories in which T.N.T. and other poisonous explosives are manipulated. The regulations apply to all the factories concerned which are

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engaged on work for the Ministry of Munitions. One regulation directs that a medical officer shall be appointed to examine every worker once in every fortnight, as well as workers referred to him at other times as needing special examination. Another regulation requires the appointment of a woman welfare supervisor at all factories in which women are employed. Every worker must be required to wear a suitable costume, which must be washed or renewed at least once in each week, and may, with advantage be cleaned daily, in a vacuum cleaner. The employer is responsible for the washing and repair of the costumes, and the costumes of workers manipulating T.N.T. must be kept apart from workers not so employed. Washing accommodation for workers must be provided in accordance with the standard adopted in regulations made by the Home Office under the Factory and Workshop Act. There must be an adequate supply of suitable soap and a separate towel provided for each worker daily. Every factory must have a canteen, at which must be available hot meals of a suitable character and price. At the works food must be consumed only in the canteen or other approved place, and every worker must be supplied daily at the expense of the employer with one pint of milk, or cocoa made with milk. So much for the regulations as they affect personal hygiene and health ; and it is fair to expect that in carrying them out the employer, the medical officer, and the woman welfare supervisor shall have the intelligent co-operation of the workers.

As for the regulations dealing with the special precautions taken to prevent atmospheric poisoning, the employer is required to take all practicable means to prevent the accumulation, production, and dispersion of dust ; and the operations of filling T.N.T. bags must be isolated from other operations. Further, wherever practicable, no person shall be in any work-place where exploder bags are filled, or blocks are pressed, for more than a fortnight, without a corresponding period in work not involving contact with T.N.T. or other posionous dusts.

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The regulations seem well adapted to attain the end in view, and there can be no doubt that the work done by the Health of Munition Workers Committee has been very valuable. Medical Officers to munition works may be glad to be reminded that the Committee has issued a series of memorandums discussing a variety of topics relating to the maintenance of the health of munition workers, including such subjects as industrial fatigue, hours of work, employment of women, welfare supervision, and the construction and organisation of canteens. In one memorandum on sickness and injury, which contains a general discussion, the Committee states that it has received evidence and reports from all parts of the country showing the economic and industrial value of the proper organisation of a medical service within the factory, and was convinced that adequate schemes of treatment, especially of minor injuries, were an important means of preventing loss of time and inefficiency among the workers. The Committee, therefore, recommended that provision for organised treatment should be made in every munition factory.

VARIETIES.

NECROTIC CHOLECYSTITIS TYPHOSA.—By Dr. Orth (*Deutsche med. Wchenschr.*, No. 47, 1915). In his work on the relationship between typhoid fever and the bile ducts, Fränkel mentions the following possible way for the pentration of the typhoid bacilli into the biliary ducts: After their arrival in the intestinal canal, the typhoid bacilli multiply and from thence find an entrance into the blood and lymphatic vessels; the bacilli thus present in the vessels of the liver then leave them at the place where the intracellular canals originate and enter the bile ducts with the bile. This invasion of the gall-bladder does not, according to Fränkel, produce any real cholecystitis; on the contrary, cholecystitis typhosa is relatively rare. Hölscher found in 2,000 typhoid autopsies that inflammatory ulcerative processes in the walls of the gall-bladder were only present in two per cent. of the cases. Fränkel found no case of purulent or necrotic cholecystitis typhosa in his post-mortem material. Hirsch is also of the opinion that cholecystitis and the presence of bacilli in the bile should

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not be regarded as necessarily correlated. Neither does Fränkel believe in any relationship between typhoid and the formation of stones, whereas some authorities believe that the formation of gallstones under the influence of typhoid bacilli is far from rare. They think it not unlikely that a gall-bladder that has become inflamed in the course of a typhoid fever may later be predisposed to stone-formation.

As a proof of his assertion, Fränkel quotes two of his observations. At the post-mortem on a typhoid patient who had died during the first weeks of the disease, he found five cholesterin-pigment stones larger than hazel-nuts, in a gall-bladder which showed no signs of recent inflammation, although both typhoid bacilli and streptococci were found in it. Neither were there any bacilli found in the stones. Acute inflammation was therefore absent, and the stones were so large that they could not possibly have been formed in the course of the typhoid fever. If the post-mortem had been made weeks or months later, the connection between the typhoid and the gallstone formation would probably have been thought not unlikely. Hirsch thinks it probable that the presence of stones favours the development of a cholecystitis typhosa. He says: "If the published cases of cholecystitis typhosa are studied we continually come across the presence of gallstones. He regards the formation of gallstones during the convalescence from typhoid as not rare, and quotes such a case in a boy of fourteen. The views on this subject therefore vary a good deal.

The following case is of interest as it is one of those rare cases where a cholecystitis typhosa was present, as well as gallstones, which with great probability owed their existence to the typhoid infection. A volunteer aged sixteen was admitted to the hospital on March 31st. He had always been in good health. He had been at the front for about three months. On November 23rd he was taken ill with indefinite symptoms which chiefly appeared to affect the central nervous symptoms, but which the bacteriological examination showed to be due to typhoid fever. He was ill for a long time, and was on February 20th removed to the Reserve Hospital, On March 28th violent abdominal pains set in, accompanied by a rise of temperature to 39°C. Two days later there was jaundice, dark urine, clay-coloured stools, rigors, swelling of the liver, enlargement of the gall-bladder region, and successive violent attacks of pain. In the fæces, blood and urine numerous bacilli were found and a diagnosis of abscess of the liver and gall-bladder was made. The very feeble patient was narcotised with *Ether-oxygen* and an incision was made over the gall-bladder. The latter was found slightly adherent to the colon and duodenum. These adhesions could be separated partly with blunt and partly with sharp instruments, and caused profuse bleeding. The brownish-green gall-bladder was carefully opened. In trying to detach it further, a perforation already present on its posterior surface became larger and purulent bile and small gallstones were discharged from a large abscess. The liver bed had become deeper from the breaking down of the

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tissues, and the wall of the gall-bladder had become so brittle and decayed that it tore on the slightest pulling. In spite of this it was possible to reach the cystic duct and ligature it. After the gall-bladder had been excised, the choledochus was opened and found to contain brownish bile, but no stones. Its walls were thickened. A drainage tube was put in and the wound plugged. The operation had lasted forty minutes. The patient collapsed, but revived after a *Camphor* injection. The gall-bladder was of medium size, its walls were not thickened, but were necrotic in parts. Microscopical examination showed that the epithelium was absent, there was granulation tissue and centres of infiltration with lymphocytes, as well as necrotic parts; the tunica fibrosa was indurated. The five gallstones, of the size of cheries, were cholesterin-pigment-lime stones. Gradually the jaundice disappeared, after a quantity of bile, sometimes amounting to 1,500 c.cm., had been discharged daily, and also the cerebral manifestations, which, as in the beginning of the disease, had again become pronounced. The bacilli in the blood and bile remained for a considerable time. The patient was discharged cured in October.

The interest in this case lies in the severe infection which took an acute course during convalescence from typhoid. It appears certain that the infection contributed to the foundation of the gallstones, as the increased amount of cholesterin in the blood, present during the defervescent stage, is known to predispose to the formation of gallstones, and the age and previous good health of the youth also makes this assumption probable. It is true that Kehr has warned us against a clinical acceptance of quite recent cases of gallstones. In many cases where he had come to such a conclusion, he found at the operation that macro- and microscopical changes were present which showed that the stones must be of older date. They had remained latent and the new morbid process had caused them to flare up. In the author's case there were neither macro- nor microscopical changes which pointed to an old process, but appeared, on the contrary, to be quite recent. The wall of the gall-bladder was not thickened and the adhesions could be loosened without much difficulty. The condition found suggested an embolus of the nature of that in pancreas necrosis.

Intra-Uterine Transfusion of Paratyphoid Fever.—The intra-uterine transmission of typhoid bacilli from a diseased mother to the fœtus was first demonstrated by Eberth by bacteriological examination. From post-mortem examinations, Freund, Levy and others have concluded that in such cases there could be no question of the characteristic morbid changes in the fœtus, but only of a general infection of the blood without participation of the bowel. The question whether the transmission may have been preceded by changes in the placenta or cord has remained unanswered. Some believe that a transmission could only become possible after lesions of the epithelium of the villi, others think that typhoid bacilli are able to pass through an intact epithelium

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at any time. That the circumstances would be similar in the case of paratyphoid seems plausible, but hitherto no case of transmission of paratyphoid bacilli from the mother to the fœtus has been proved bacteriologically. Schmidt (*Deutsche med. Wchenschr.*, No. 31, 1915) now describes such a case, which is of practical interest from a prophylactic point of view. A woman nine months pregnant was admitted to the hospital suffering from fever. She stated that she had been employed in catering for Russian prisoners and had been ill two weeks. As there was suspicion of typhoid a blood-bile-bouillon mixture was sent for examination to the Hygienic Institute. After twelve hours incubation the first culture was inoculated on an Agar plate; after another eight hours a diagnosis of paratyphoid bacilli could be made after agglutination; a further cultivation of the species confirmed the diagnosis. Soon afterwards, the bacilli could also be demonstrated in the fæces, but only by a single colony on Endo-agar. The bacteriological examination of the milk was negative. The day after the blood had been examined a full-term, apparently healthy child was born. No kind of changes could be detcected in the placenta or cord, which were carefully examined. The child was sent to the children's ward. The day after its birth blood was removed by means of a cupping-glass from the back of the infant and examined bacteriologically. At the same time the fæces were examined. The blood was cultivated on bile-bouillon. From this mixture large quantities of the paratyphoid B-bacillus and streptococci could be cultivated on the following day. In order to exclude the possibility that the microbes had reached the blood by way of the skin, some more blood was extracted from the back by means of the cupping-glass, after a thorough purification of the skin with alcohol and ether, and a second culture made; and a control-scraping from another part of the skin was also cultured in bile-bouillon. The result of the former was the same as the first time, but the control culture was negative, and the same was the case with the examination of the fæces. On the fourth day the child developed erysipelas on the thigh which soon spread to the trunk, the following day it died without showing any definite clinical symptoms of disease; there had never been any rise of temperature. Shortly before death the fæces were again examined; they then contained numerous paratyphoid bacilli. At the autopsy in addition to double-sided pneumonic infiltration and an enlarged spleen, nothing abnormal was found. Quantities of paratyphoid bacilli were found by bacteriological examination of the heart-blood, bile, urine and spleen-juice. The Gruber-Widal serum reaction for paratyphoid bacilli was negative. The question whether this could have been an intra-uterine placental infection or one acquired intra partum during the act of birth, may be decided in favour of the first contingency. It seems unlikely that an eventual infection per os could have led so rapidly to such an abundant infection of the blood, especially as the child's fæces were at first free from bacilli. An infection from the liquor amnii appears also highly improbable. Only the possibility of a placental infection remains, which had led to a

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complete inundation of the blood with bacilli, *i.e.*, a paratyphoid sepsis. The pronounced enlargement of the spleen also speaks for the fact that this sepsis had been present for some time. It was striking that no trace of agglutination was present, even of the child's own paratyphoid B-bacilli. The mother's blood had shortly before the birth of the child showed no agglutination, whereas this was the case eight days later. What is of special interest is that the culture from the bowel could be agglutinated up to titre 400, but that from the blood up to 1,600. This striking difference in the same paratyphoid B-bacillus, as regards the titre strength, cultured at various times from the same body, with the same serum, the author has noticed repeatedly. How the streptococci had got into the child's circulation must remain unexplained. Possibly they too had been circulating in the blood of the mother, but were not detected as they were scantily represented. This case teaches us that when women with obscure rises of temperature are delivered the danger of infection to the child should be remembered, and also the possible infectiousness of all the passages. Cultures from the blood should be made in order to arrive at a rapid diagnosis. According to the author's experience the best and most rapid results are obtained with the blood bile-bouillon mixture.—*Medical World.*

A Fatal Case of Alveolar Pyorrhœa of the Lower Jaw.—Clemm (*Deutsche med. Wchenschr.*, No. 34, 1915) describes the following case: An asylum patient, aged fifty-seven, was admitted to the hospital on January 30th for an alveolar abscess. The suppuration in the mouth was at first treated with hot fomentations and irrigation of the mouth with H_2O_2. On February 2nd the temperature, which had previously varied between 38° and 39° C., rose suddenly to 41.2° and fell with equal suddenness to 37.6°. Neither in the internal organs nor in the mastoid process or the tympanum could any cause be found for the septico-pyæmic temperature, but the suppuration in the mouth continued. On February 3rd, the temperature fell from 40°, to which it had again risen, to 35.2°, to pass over on the following day to a remission temperature between 38° and 39° and to continue within these boundaries until February 14th. Simultaneously the fœtor improved considerably and the urine remained free from albumin as before. The swelling of the cheek disappeared almost completely. On February 9th, three molars which were loose and almost swimming in pus were removed from the right lower jaw, and on the following day seven more teeth were removed which, like the first, showed a complete destruction of the dental periosteum and much breaking down of the roots. On the same day, several necrotic sequestra were removed from the alveolar process. The urine remained free from albumin, and after placing iodoform gauze between the jaw and the cheek both the suppuration and the fœtor improved. On February 15th the temperature kept between 37° and 39°, but on the 18th rose suddenly to 40°, and after only a slight fall reached the same on the following day, but by the 21st it had again fallen to 37°; on this day it rose

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again to 40.8°, with small remissions, then fell on the 22nd to 37.2° just before death. The suppuration had again increased considerably on February 18th; and rapid wasting followed; finally the suppuration from the necrotic lower jaw became so profuse that it continually trickled from the mouth. There was a dry cough and symptoms of dry pleurisy over the lower part of the left lobe. The clinical diagnosis had been: septic pyæmia as a result of necrotic alveolar pyorrhœa with secondary pleuritis sicca. This diagnosis was confirmed at the post-mortem: the right lower jaw from which all the teeth had been removed, was completely destroyed as well as the maxillary joint and in the mylohyoid muscle there was a small gravitation abscess. The left lower jaw was also strongly necrotic. The upper jaw and ear region were normal. The lower part of the upper lobe of the left lung was adherent to the chest-wall, The heart, liver, and pancreas were normal; the right kidney was hyperæmic, the left normal. Only the spleen showed greater changes: it was enlarged, strongly hyperæmic and its pulp was brittle. This case shows that a simple alveolar pyorrhœa is able to produce extensive necrosis of the jaw without the implication of other organs, and that in spite of free outlet for the pus, it may lead to a fatal septic pyæmia.—*Medical World.*

THE INFLUENCE OF TRANSPLANTATION OF THE OVARIES AND OSTEOMALACIA.—An anonymous author—probably of hostile nationality —(*Ztschr. f. Geburtsh. u. Gyn.*, H. 1, Bd. 77) has come to the following conclusions: The results of homoiotransplantation of the ovaries between the muscles and peritoneum or in the ligamentum latum, are more favourable than transplantations in the muscles or the bone marrow. The transplanted ovaries undergo distinct changes: neither a germinal epithelium nor large follicles or ova are any longer to be found. The preparations show in addition a diminution of the interstitial gland and atrophy or obliteration of the stroma. After the transplantation of sisterly ovaries on other sisterly animals a considerable reduction in the contained quantity of lime in the bones takes place. After castration no such change in the quantity of the lime was found by the author. The amount present in the blood remained unchanged after both transplantation and castration, and also after injections of ovarian or corpus luteum extracts. The blood of pregnant animals always contained the same quantity of lime and showed no physiological deficiency. After the injection of ovarian substance well-marked hyperæmia of the genital organs is observed. The castration-atrophy is pronounced as early as three months after the operation. An extension of the cortical layer of the suprarenal capsules takes place after castration, but no such change occurs after transplantation. Added to our previous knowledge these experiments of the author seem to show that osteomalacia is caused by a disturbance of function of the glands of internal secretion. A hyperfunction of the generative glands plays the most important *rôle* in the production of osteomalacia.—*Medical World.*

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

TO CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Flagg (Paluel J.). The Art of Anæsthesia. 8vo. (Lippincott. Net 15s.).

Fletcher (N. Corbet). A Compendium of Aids to First-Aid. With Introduction by James Cantlie. 3rd edition. 18mo. (Bale. Net 6d.).

Hutchison (Robert). Food and the Principles of Dietetics. 4th edition. 8vo, pp. 637. (E. Arnold. Net 16s.).

Lovett (Robert W.). Lateral Curvature of the Spine and Round Shoulders. 3rd edition, revised and enlarged. 8vo. (Heinemann. Net 8s. 6d.)

Morison (Rutherford). Surgical Contributions, from 1881-1916. Vol. 1. General Surgery; Vol. 2. Abdominal Surgery. 8vo, pp. 965 and 439. (John Wright. Vol. 1., net 15s. ; Vol. 2., net 30s.).

Ramsey (Walter R.). Care and Feeding of Infants and Children. Including suggestions on Nursing by Margaret B. Lettice and N. G. Gossman. (Lippincott's Nursing Manuals). 8vo. (Lippincott. Net 9s.).

Ross (William) and **London** (Julian). A System of Case taking with Explanatory Notes. Cr. 8vo. (Macmillan. Net 2s).

Shears (George Peaslee). Obstetrics Normal and Operative. 8vo. (Lippincott. Net 25s.).

Short (A. Rendle). When to Advise Operation in General Practice. Cr. 8vo, pp. 285. (Simpkin. Net 5s.).

Thorington (James). Refraction of the Human Eye and Methods of Estimating the Refraction. 8vo, pp. 420. (Heinemann. Net 10s. 6d.).

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowen, Putney Hil', S.W.*

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Stephenson, New Zealand—Dr. Hawkes, Liverpool—Dr. Burford, London—Dr. Humphreys, Garston—Dr. Burwood, Aldeburgh.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom-Envoy.—Med. Century.—Rev. Hom. Française.—H. Recorder.—L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon.—Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med.—Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician—Iowa Homœo. Journal.—Homœopathisch Tijdschrift—First Principles in Therapeutics, Goldsbrough.

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A Case of Heart Disease. By Dr. Midgley Cash.

Cases from Practice. By Dr. W. A. Davidson.

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THE

HOMŒOPATHIC WORLD.

DECEMBER 1, 1916.

THE END OF THE YEAR.

1916 ends and we are still in an atmosphere of conflict. The war burns its course across Europe, here smouldering, here blazing, and there is as yet no certain sign of the peace for which we strive and long. All activities must perforce feel the strain of this long, weariful struggle, but we can be sure that in no way (apart from our personal services) can we better help our cause than by tending those flowers of healing that grow (we hope and believe) in the science and art of medicine. And especially for us, in the garden of Homœopathy. To that end the "HOMŒOPATHIC WORLD" will make what contribution it can in 1917 as in former years. The editor hopes that the support of older colleagues in the shape of studies and articles may be liberally forthcoming, seeing that the younger and more naturally energetic of our body are absorbed in obvious war work. To all his readers and to all the world he wishes for 1917 the wish of every heart, the Peace of Freedom won and Honour sanctified and established.

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NEWS AND NOTES.

Recognition of Homœopathy.

We are sure that our readers will be interested in the following extract from a colleague's letter. The kind of recognition that it shows is no doubt largely a personal tribute, but nevertheless it is significant of a notable change of feeling towards those who hold by Homœopathy.

"I am working very hard. I am sure it will interest you when I tell you that besides an extensive homœopathic practice, or, perhaps I should say in spite of the handicap attached to 'homœopath,' I am in charge of our military hospital with fifty beds, and the Allopaths assisting me! and am also Hon. Sec. for the B. M. A. in our Division, as well as of the Rossendale Medical Society and of the Rossendale Branch of the Panel Medico-Political Union. So you see Homœopathy is not despised as much as it used to be."

Dr. Flasschoen's Pamphlet.

We believe that we have previously spoken of this excellent piece of work by our Parisian colleague, Dr. Flasschoen. It is an argument for Homœopathy in the form of lectures on it and allied subjects, entitled "De quel coté se trouve la verité en Médecine." Those who can read French will find it an armoury of facts and arguments. It is published by Baillière et Fils, 19, Rue Haute Feuille, Paris.

Intractable Hiccough Successfully Treated with Adrenalin.

Segal (*Journal des Practiciens*) relates the case of a patient who was suddenly seized with violent pains in the right side, constipation, and vomiting. The symptoms were suggestive of appendicitis, but the existence of hæmaturia and other indications proved that it was renal colic. Three days later he was seized with violent hiccough. To relieve this, large

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doses of *Bromide, Chloral, Chloroform,* and *Cocaine* were in turn given, but with no result. Gastric lavage with a solution of *Silver Nitrate* and, afterward, general anæsthesia under *Chloroform,* were equally unsuccessful. This went on for eleven days, the patient's sleep being constantly disturbed and his strength becoming rapidly exhausted. Finally *Adrenalin* (Parke, Davis & Co.) was given, 10 drops of a 1-to-1,000 solution, when the hiccough immediately became less frequent, and on a repetition of the dose ceased entirely and did not recur.

Borax as a Possible Poison to Infants.

Dr. Simpson writes :—" Personal knowledge prompts a warning to mid-wives and monthly nurses. *Borax* is not so harmless a drug as is often imagined. While practising, as an accoucheur, my attention was arrested by the group of deaths that attended the ministrations of a certain nurse, who was employed by several mothers in a local area where she was well known and recommended from one to another. One infant after another succumbed to persistent diarrhœa, stools light-yellow, slimy, mucous, yellow-watery, offensive, aggravated after nursing, and, at eventide, accompanied by apthæ on tongue and cheeks, bleeding from the gums. Abdominal distension after a meal, vomiting of sour slime.

Frequent micturition preceded by cries *starting from sleep with screaming,* throwing the hands about and *seizing things* or clinging to the mother, evident *fear* of *falling,* and of a *downward movement.* This symptom is pathognomonic. The obvious treatment was stopping the supply. *Chamomilla* and *Coffea* are the antidotes.

Thyroid Extract.—Successful Treatment of Undescended Testicle.

In the *Medical Press and Circular,* H. Armstrong, of *W*ellington College, tells of his remarkable success in cases of undescended testicle in boys entering the College, simply by the administration of thyroid

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extract. During the last four years, he writes, out of about 600 boys, of the age of thirteen to fourteen years, who have presented themselves for examination on entry, four have been found with complete absence of both testicles from the scrotum. In each case the penis was very small, and there was no appearance of hair upon the pubis. Two of them had Levi E. de Rothschild's sign of thyroid inadequacy, *i.e.*, rarefaction of the outer third of the eyebrows. One boy was of the Mongolian type.

To each of them *Thyroid* extract in half grain doses was administered twice a day over a considerable period, with satisfactory results. The effect of the treatment was almost immediately apparent; in a few weeks the testicles could be felt in the inguinal canal, and in three of them their complete descent into the scrotum was established in about three months. In the fourth, who is still under treatment, one testicle, the left, is completely and the other almost descended.

In the first instance the treatment was purely experimental, but it was so successful as to warrant its adoption in similar cases, the results of surgical interference being so highly unsatisfactory. In the first two patients, who are now seventeen years of age, the growth of pubic or body hair is still very scanty.—(*N. Y. Med. Jour.*)

RENAL INSUFFICIENCY DURING PREGNANCY.—Holzbach (*Ztschr. f. Gyn.*, H. 1, Bd. 77) points out that although we are not always able to differentiate a nephropathy from a nephritis, we can always diagnose a renal insufficiency with the help of the functional tests, even at a time when the renal deficiency has not become clinically distinctive. The view that the pregnancy-kidney, apart from eclampsia, is more favourable prognostically than nephritis, must be modified as the result of recent observations. The prognosis is particularly bad for the children (seventy-eight per cent. deaths in the Tübingen Clinic), and the question of artificial premature birth must be considered in these cases. For this purpose we must discriminate between absolute kidney-insufficiency, characterised by a persistent incapacity of adaptation to the needs of the body, retention of products of disintegration in the blood, etc., and a relative insufficiency which, although functionally demonstrable, still does not lead to dangerous symptoms.—*Medical World.*

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ORIGINAL COMMUNICATIONS.

THE INTERNAL SECRETIONS OF THE DUCTLESS GLANDS: "EVERY MAN HIS OWN PHARMACOPŒIA."

By GEORGE BURFORD, M.B.
Senior Physician for Diseases of Women to the London Homœopathic Hospital.

III.

HAHNEMANN, a century ago, wrote with illumination and insight that disease is cured by the orientation of the normal forces of the body to reaction against morbidity: that such orientation may be effected by the compelling power of remedies.

Sir Almroth Wright, a century later implicitly supplies the physiological interpretation of Hahnemann's dictum: thus "*All the protective substances which are involved in the cure of disease are to be regarded as produced by the internal secretions.*" The research and progress of the intervening century had thus brought an enormous intellectual gain in clarifying our ideas as to the processes of cure. The "normal internal secretions" thus are raised to the "nth" power for the production of those "protective substances" which restore health after the tumult of disease. Hence has developed the notion of "every man his own pharmacopœia," in that the actual weapons by which the body fights all forms of disease are functions of the internal secretions. Thus each man and woman carries dormant and latent in the body remedial agencies against illness. The daily protection we enjoy against the incursion of disease, the successful fight of the organism against maladies that have actually gained entrance, are ensured by the competency of the internal secretions enlarged to meet the morbid stress thus thrust upon them.

THE NATURE OF THIS PHARMACOPŒIA.

But the status of the body as its own universal provider of remedial measures against disease, does not

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imply that the organism is a kind of biological drug store, with ready-made remedies formed and fashioned for the various diseases to which flesh is heir. The true conception is much simpler and more philosophical, and links the past with the present in the history of the race.

Without the *activation* of the living tissues by the thyroid and the adrenal, the pituitary, thymus and other internal secretions human life as we know it could not exist for a day. The physiology of the body—the working of the human machine—is activated and controlled by the dynamic these internal secretions unchain. But the physiology of the body has, alas, to endure the inroads of pathology, and by an elastic adjustment of powers, the inner springs of action which sustain life in health are also charged with powers to protect it against disease. Here the physiology of the internal secretions, whose concern is with the normal, passes into the pharmaco-dynamic of the internal secretions, which deals with the diseased. Thus the venue is changed from maintenance to protection and cure, and since the powers of maintenance supplied by the internal secretions sweep the whole organism and continue it in life, so the powers of protection and cure supplied by the internal secretions sweep the whole organism and resist disease and death.

This then, is the value of a century's work in the interpretation of Hahnemann's dictum: that the maintenance of health and the cure of disease are different phases of the same powers, and these powers are specifically exercised by the internal secretions.

The Pharmacopœia at Work in Health.

Each of the internal secretions is thus a double-sided unity, and the powers that are necessary to maintain health are those turned to account for the resistance to disease. In health the energies of the internal secretions are forced up to a sufficiently high level to harmonise the processes of life. In disease these internal secretory energies are outclassed by unusual calls on their potency. Cure can only result from heightening their values.

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The Rôle of the Thyroid in the Maintenance of Health.

As Hertoghe puts it, " the demonstration of this fact is easy. A child suffering from marked thyroid insufficiency, whether spontaneous or as the result of the operative removal of the major portion of the gland, ceases to grow. If he is given extract obtained from the thyroids of sheep he will begin to grow again. If the treatment is suspended, there is once more cessation of growth. Thyroidin secretion is essential to the growth of each cell, and it is therefore indispensable to the general development of the individual."

The Swiss surgeons have had much experience of the results accruing through the absence of the thyroid internal secretion : and the condition called " Cachexia Thyreopriva " is one affecting the whole system detrimentally. With the reintroduction of the thyroid internal secretion health returns. " The uninterrupted administration by the mouth of *Thyroid* extract will prevent the appearance of cachexia, and may for years completely replace the function of the absent thyroid. Such subjects are as capable of work as those who are the happy possessors of a thyroidin factory in their own bodies. But pathological symptoms make their appearance if the treatment is suspended for one day."

There is not a unit of the body, nor an hour of its life that is not activated by thyroid internal secretory energies. But from the body-pharmacopœial standpoint, the chief interest attaches to the powers of the thyroid in heightening the bodily resistance against infection. This internal secretion takes an active part in the provision of that immunity against germ disease which in varying degree each individual enjoys. So close is this relation that an increase in the functional activity of the thyroid—with the adrenals—corresponds to an augmentation in the blood of the protective substances which neutralise germ infection. This augmentation, of course, is a fluctuating and variable quantity ; but the statement conveys some clear idea of the powers of the thyroid to maintain the body in health under stressful conditions.

Sir Almroth Wright's words quoted at the beginning of this paper may here be re-read.

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Horsley, tracing an interesting parallel between the symptoms of old age and those of thyroid insufficiency, contended that senile changes are due at least in considerable part to the progressive degeneration of the thyroid. Senility in fact, was an object lesson in the gradual withdrawal of the thyroid dynamic.

Thus, the falling of the hair, the loss of the teeth, the lowered temperature of the body, the indolent digestion, and consequent emaciation, the decrease of mental power, the frequent drowsiness, etc., these are characteristic, clinically, of advancing age, and pathologically, of thyroid insufficiency. And the survey of the senile state is germane to the study, in that we gain a clear view of the unsuspected power of the thyroid in the maintenance of health and vigour.

The Adrenals as Health-Regulators.

This problem is historic. "In 1716 the Académie des Sciences of Bordeaux offered a prize for an answer to the question "Quel est l'usage des glands surrenales?" The judge was Montesquieu, then twenty-nine years of age, who found himself unable to award the prize to any of the conflicting, and, in some instances very extraordinary theories offered in solution of the problem. He closed his searching criticism of these theories with the words, "Le hazard fera peut-être quelque jour ce que tous les soins n'ont pu faire." This fortunate chance may be considered to have come when "Dr. Oliver, in 1894, observing that the administration of an extract of supra-renal gland to his son caused sickness, and constriction of the radial artery, brought the preparation to Prof. Schäfer and asked him to test it." The power of the adrenals as health regulators have been demonstrated by the work of clinicians since the latter date.

If there be some doubt as to the direct antitoxic powers of the thyroid internal secretion, there is none whatever concerning those of the adrenal glands. The internal secretions of these keep a kind of perpetual watch for toxin of either exogenous or endogenous origin. Short shrift this gets, when in contact with adrenalin, and the adrenals often suffer in the fray.

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Their internal secretion has been considered to render harmless those products of muscular activity which produce the sensation of fatigue. More verifiably, the drain on its protective secretion is enormous in actual states of fever, or acute heart failure.

But prior in point of time to the activities of adrenaalin in neutralising toxins is another of its protective mechanisms in countering mental or bodily stress. This appears as an emergency provision, born of the past experience of the organism. A person is alarmed and has to make a sudden leap or flight to save himself. The mental and physical stress is immediately responded to by an increase in adrenalin outpouring. "This, carried round in the current of the blood, quickens the heart beat, tightens up the blood vessels, and, if the effort be sustained, increases the liberation of sugar from the liver, as a source of increased muscular energy." Such a protective reaction, evidently originating from the bodily experience of similar stress, is a clear instance of the passage of the physiology of an internal secretion over to its pharmacodynamic side.

Other Internal Secretory Glands—(Thymus, Pituitary)—as Health Regulators.

The operation of the thymus internal secretion, while not active in adult life is essential to the emergence of childhood into adolescence. Apparently it withstands the untimely appearance of the reproductive functions, speeding up the development of the whole organism save these. At adolescence its protective energies, which since birth have barred the functions of the reproductive scheme, cease to contend, and naturally this ductless gland now sinks into an early senility. But during childhood it has saved *Phosphorus* for the nucleins of the growing body, and *Calcium* for the bones. Except for this protective mechanism the reproductive tissues and functions would undergo an untimely development, long before the organism was in any way fitted for their activities.

In this manner the thymic hormone shuts out precocious reproductive influences inimical to con-

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tinuous physical development, and at the same time actually activates growth by supplying an excess of calcium and phosphorus. In defect this internal secretion allows thymic idiocy, thymic marasmus and thymic dwarfism to supervene. Here again the physiological and the pharmacodynamic stand as alternative aspects of the same hormone activity.

The Pharmacopœia at Work in Disease.

The functions of the internal-secretory pharmacopœia of each man and woman in health are mainly protective. They appear as supra-physiological powers, born of the past experience of the organism, and calculated to deal with the causes of disease, rather than with this in more advanced stages. A typical instance is that of the adrenalin episode just pictured, where the organism, to save itself from threatening disaster, suddely discharges into the blood stream a moiety of adrenalin, which quickens the heart beat, tones up the blood vessels, and mobilises sugar from the liver: and like most crude drug actions produces results which continue long after the exciting cause has vanished. Other manifestations of this pharmaco-dynamic protection are inferred from the heightened resistance to infection which healthy thyroid action connotes, and the lessened resistance which the imbalance in excessive pituitary secretion brings with it.

But, while the protective mechanism—the pharmaco-dynamic factors of the internal secretions—wards off every day and all day the causes of disease which environ us, there come junctures when the normal secretory output of these factors into the blood is temporarily depressed, or is qualitatively unavailing to prevent disease intrusion.

The Reaction of the Internal Secretions to Acute Disease.

In the case of acute infection, we are familiar with the classic conceptions of Metschnikoff and Wright—how the mobilisation of the resources of the body against acute diseases puts in the very forefront the disintegrating powers of the leucocyte, activated and increased by the opsonins, etc., of Wright: these,

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as Sir Almroth well puts it, being " substances involved in the cure of disease are to be regarded as produced by the internal secretions."

It is not within the range of present-day knowledge to trace the reaction of each internal secretion in the presence of disease. In the instance of the adrenal glands, whose hormone has been isolated and identified, this has been done to a certain extent. Elliott has found that some of the substance of the adrenal glands disappears with great rapidity in all acute septic fevers. It is not reduced in states of bodily starvation. As regards adrenalin specifically, in acute pneumonia the adrenal glands have lost three quarters of their normal content. But the greatest loss occurs in acute nonfebrile cardiac failure ; at death the adrenal glands are almost adrenalin-empty. " Precisely the same is the case with the fevers and with that fatal form of diphtheria associated with low blood pressure and hemorrhages. In all these, the adrenals are not attacked first and chiefly. They are called on to aid when the infectious diseases, attacking the body from different quarters, pour into it their poisons, and excite a general defensive reaction."

Ex uno disce omnes. When the hormones of the other internal secretory glands are isolated and identified, then we *may* be able to follow their reactive course in the combat with acute disease. At present it can only be inferred, though indirect evidence is not lacking. Such for example, is the lowered resistance to acute disease that attends a deficiency of thyroid output into the blood. The stream of tendency in the new knowledge leads to the generalisation that *all acute disease evokes in the body a reactive response of the internal secretions, which activates the bodily protective mechanism for what it is worth.*

The Reaction of the Internal Secretions to Chronic Disease.

The evidence for this is wholly indirect, but has some cogency. The parallelism of the response to physiological stress may be recalled. Thus in pregnancy, the thyroid internal secretion exceeds the normal : it continues at plus value during lactation : on weaning

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it recurs to the status quo. Thus the calcium requirements of the embryo and of lacteal secretion are specially provided for. Concurrently with the existence of the fœtus in utero the outpouring of the pituitary hormone is increased: and this is obvious in the acral swellings not infrequently present in the mother.

The range of action—inferentially—of autogenetic hormones is as wide as the circle of chronic disease itself: and certainly is ampler than the scope of hormones when therapeutically administered. Take the instance of malignant disease. "The ductless glands preside over nutrition. Hence it is not unreasonable to suppose that there may be some relation between disturbance of the hormone balance and cancer, and, too, that there may be some prospect of therapeutic value in the treatment of this disease by organo-therapy." Thus far Harrower and his "prospect" seems much as that of the famous Claude Bernard, who, dealing with another nascent subject, remarked that "our mouths are full of promises, but our hands are empty." Let it be recalled that over two hundred cases of malignancy (verified by microscopic examination, and including both operated and inoperated cases) have been recorded in medical literature as recovering from this malady. That is, in these instances the malignant growth has been eliminated by the natural agencies of the body germane to the situation: and foremost among these are the internal-secretory products.

(*To be continued.*)

A PROVING OF INDOL: WITH SPECIAL REFERENCE TO ITS RELATION TO THE EXCRETION OF INDICAN IN THE URINE.*

By WILLIAM B. GRIGGS, M.D., Philadelphia, Pa.

A GREAT deal has been said during the last few years regarding the presence of indican in the urine, and a great deal has been written on the subject of intestinal

* Bureau of Materia Medica, A. I. H., June 26, 1916, Baltimore.

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putrefaction as being the result of the decomposition of the protein material. This also has been the subject of a great deal of discussion along the lines of autointoxication. The prominence that many clinicians have given to the subject of intestinal putrefaction has prompted the writer to import some indol from Merck's Pharmacy at Darmstadt, Germany, and begin a proving of it upon volunteer students in the Constantine Hering Laboratory at the Hahnemann Medical College, Philadelphia, in order to determine whether indol, in the dynamic form, would produce in the healthy subject the symptoms incident to the clinical findings when indol is present to excess in the urine.

Putrefactive processes in the intestines are the result of the action of bacteria upon the protein matelrial present. This bacterial action, which is the result of the combined efforts of many forms of micro-organisms, is confined almost exclusively to the large intestine. Some of the products of the putrefaction of proteins are identical with those found in tryptic digestion, although the decomposition of the protein material is much more extensive when subjected to putrefaction. Some of the more important of these putrefaction products are the following:—indol, skatol, paracresol, phenol, para-oxy-phenyl-proprionic acid, volatile fatty acids, hydrogen sulphide, methane, and carbondioxide; besides peptones, ammonia and the amino- acids.

Indol is a derivative of the tryptophan complex, skatol-amino-acetic acid. Structurally it is closely related to indigo; and, according to Nence, this transformation may be effected by the action of ozone. Conversely, indigo may be transformed into indol by reduction. From the albumins, the substance can also be obtained by fusion with potassium hydro-oxide [Merck.]

The greater part of the indol that is formed in the large intestine is no doubt eliminated in the fæces. A certain amount, however, is absorbed, and after oxidation of the indoxyl, appears in the urine in combination with sulphuric acid as so-called indican. If large

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quantities are formed, a variable fraction is further eliminated in the urine as indoxyl, compound of glycuronic acid.

The following students were carefully examined physically before taking the drug, which was administered in the sixth centesimal dilution :—Messrs. Pilgram, Powell, Mills, Goeckler, Hawn, Mast, and Parsons. These men were under my personal supervision for atleast sixteen weeks, and developed the following symptoms in common, the control men being negative as to symptoms in every sense.

(Provers' language used.)

General Action. There was a stupid feeling in the morning, with a discontented mental condition ; then restlessness and the desire to be walking. A sensation of aching was felt through the head and the entire body. Later, there was experienced a "dull, don't care feeling" ; and in one man, who was irritable and did not like to be teased, there was first an exhilaration, a diametrically opposite state of mind, and he was not easily "peeved." He afterwards became depressed, had no ambition, could not concentrate his mind on anything, and grew desperately irritable.

On waking in the morning, there was felt a continued desire to sleep. I may call it a persistent desire for sleep, even after a good night's rest. On continuing to take the drug, one of the men would fall asleep as soon as he sat down in the lecture-room. Later, he felt so tired that he absented himself from laboratory work in order that he might go home and go to sleep. He had a desire to sleep all the time ; and upon waking he felt miserable. He developed a state of drowsiness similar to that caused by *Morphine.*

Towards the last of the proving, quite marked nerve symptoms developed. In one man, there was a desire to crack his fingers all the time and inability to keep his fingers still. On almost any occasion he would laugh at trivial things. There was a jerking of the muscles of the lower jaw and neck.

Two of the provers had hideous delusions. On waking, they believed that they were being operated on, and shuddered at the thought that the knife was touch-

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ing them. Later, they developed a continual desire to keep their fingers and feet moving, Accompanying all this, there was a throbbing of the blood vessels in the neck.

The Head. At first, an occipital headache was experienced, extending to the frontal area. It was dull and numb in character, occurring mostly in the afternoon, and lasting throughout the evening. This sympton was developed by almost all the provers. There was an aching feeling all through the head, with pain in the frontal region, accompanied with nausea which disappeared as the headache cleared up. There was a marked dull sensation in the frontal region, immediately over the eyes. This was relieved by walking in the fresh air. This particular symptom was present for days in succession. The headache occurred time and again during the proving, and was always relieved in the same manner. There was also a headache developing in the evening, with a depressed feeling and inability to study. In one prover, after contracting a cold, the entire head felt sore when touched or jarred. There was also ringing in the right ear.

Sleep. Sleepiness, mostly in the daytime, developed in the beginning of the proving; and most of the provers noticed it coming on about noontide, particularly during their recreation hour. Later, it was present at all times. At night there was continuous dreaming, persisting as long as the drug was continued. The dreams were pleasant in character and easily remembered. The prover who developed influenza had most terrifying dreams about snakes.

Face and Eyes. The eyeballs felt hot, and hurt when moved. In fact, there was a great deal of suffering on moving the eyeballs. Redness and soreness of the eyes also occurred, with frontal headache. In one prover there developed a persist dilatation of the pupils.

This lasted as long as the frontal headache continued and both symptoms became markedly worse as the proving progressed.

The Mouth. In the first part of the proving, there developed a bad, foul taste in the mouth, with the

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tongue coated a brownish white. There was a peculiar foul, fæcal odour to the breath.

The Stomach. The early symptoms developed were a full feeling in the stomach and a general full sensation, which extended up into the œsophagus, but was not at all uncomfortable. It was even accompanied with a feeling of exhilaration, just as though the patient had had a large, substantial meal. This continued, off and on, throughout the first day. The next day, it was accompanied with occipital headache. Later, in the evening, a bloated sensation appeared. This became more and more noticeable as the proving was pushed, until it finally became very marked. It was usually worse at night.

A prominent symptom that developed and persisted was a hungry sensation after eating a full meal. The prover was not satisfied by eating, no matter how much he ate. He would feel very hungry again, a short time after leaving the table. After this inordinate appetite had persisted for a week or ten days, there developed a peculiar thirst which could not be satisfied, even though the amount of fluid ingested caused distress.

The Urinary Organs. At first, the provers passed more urine than usual; and then they urinated much more frequently than normally was the case. This was particularly noticeable in the evening, while studying. The smallest amount of urine was sufficient to irritate the bladder to such an extent as to cause a desire to pass water.

The provers had twenty-four hour specimens of their urine examined for thirty-one days. During this time, they were on rigid diet with restricted proteins. Mr. Goeckler, who acted as the control, showed practically no variation from the normal excretion of urine on any day during the test. His urine was never examined by himself, and he did not know that he was the control.

Mr. Hawn, Mr. Mast and Mr. Paxon all showed an increase in specific gravity, 1,023 plus; acidity, 30 to 51; solids, 52 to 58; quantity, 750 to 1,065; showing a trifle of scantness; urea, 20 to 22.5; indican, in the beginning of the proving, *excessive* in nearly all the provers. In the

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latter weeks, it was reduced to a trace or to normal. This shows that the primary action of the *Indol* in the human economy is to increase the elimination of indican. It had no effect upon the earthy phosphates, sugar, acetone or albumin, and did not seem to produce any particular disturbance in the kidney function.

Rectum and Stool. At first *Indol* produced constipation. The stools were light grey or greenish brown, and were difficult to pass. Later, more severe constipation occurred, with stools hard, dry and light in colour. The bowels would not move until they felt so bloated that they could hold no more ; and then there were several small movements of dry, hard fæces only This is the language of one of the provers, and it describes the actual condition as it existed.

Towards the last part of the proving, the stools became more nearly normal. There was a large amount of gas in the stomach and intestines, passing both by the mouth and the anus. It usually formed in the evening. The constipation had in frequent association with it a peculiar light, swimming sensation in the head, probably due to mild intoxication. In fact, one prover said that he could not distinguish his sensations from those produced by a mild intoxication with alcohol. Free catharsis promptly relieved.

Respiratory Organs. Towards the last of the proving two of the men developed acute symptoms like those of influenza. There was first a feeling of aching all over ; then a thick mucous discharge from the nose occurred, with a feeling of chilliness accompanied with sneezing. These men had no temperature, and the symptoms were evidently the result of taking the *Indol.* They described their sensations at times as "a broken-up, grippy feeling."

Extremities. One of the patients felt very tired and sore in the lowest limbs. The feet burned all day long and the condition became so aggravated that relief was sought by removing the shoe. The burning of the feet persisted for at least ten days of the proving, and the right foot became quite swollen and painful. The knee joints became so sore and tired that simply standing on the feet aggravated that condition.

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Another prover reported that his legs were sore, especially at the knees. There was pain at the calf and also in the ball of the great toe of the right foot.

The Skin. In one case, the skin on the left leg became dry and rough, and peeled off; in areas on the right foot below the ankle, it cracked and became sore. One prover, before commencing with the drug, reported an eruption on his body, which became very much irritated and itchy after taking violent exercise or from heat. He reports this eruption to be slowly but surely disappearing, and his general health wonderfully improved.

I will now supplement this proving with several clinical cases, showing the successful use of *Indol.* Failures are not reported, because I wish to exploit the clinical place for indican. I believe that there is a great deal more to be developed from this substance, and I will ask the profession to put it to the test and publish their failures to the world. Only by this means of confirming and corroborating the important symptoms can we properly utilise this substance, which seems to cause so much distress when it exists to excess in the human organism. The following cases cover a period of more than two years.

Case 1. (1915.) Miss O. X., a student in the high school, for more than six months had been subject to dull headaches, usually worse in the morning and at the menstrual period. She seemed depressed in spirits at times; but this depressed state was broken at intervals by periods of happiness, and even hilarity. She had a dull headache, and her appetite was capricious. She was never rested, and her bowels were constipated. There were frequent eructations, languor and drowsiness. No marked degree of anæmia was noted. Every afternoon, on returning from school, she would have to lie down, on account of excessive drowsiness. After supper, she could hardly sit up to study the next day's lessons.

After the failure of several remedies to produce any effect, with the exception of the free elimination treatment, this patient was finally put on *Indol* in the sixth potency, with the result that in ten days she developed

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severe urticaria, which necessitated her going to bed. As the urticaria cleared up, the drowsiness increased; and she slept for nearly forty-eight hours. When she finally awoke, she was feeling better than she had felt for months before; and from this time and on her colour improved, her appetite became more normal her backache disappeared gradually, and her headaches and lassitude cleared up. Her weight also increased, and her physical condition markedly improved.

Case 2. The patient was a baby girl, two years and a half old. This child's environment was poor, it being a social service case, She had had spells of extreme irritability, with occasionally attacks of vomiting without apparent cause, strongly resembling cylic vomiting. She was always hungry. The bowel movements were dark or variable in colour, coming in small hard balls, and very offensive. The skin was rough, with the occasional development of a toxic rash.

After going the rounds of several prescriptions, I finally decided to try *Indol*; with the result that in the course of two weeks the child had absolutely normal stools. The irritability ceased. The languor and sleepiness entirely cleared up, and the child has remained in apparently perfect health.

Case 3. The patient was a corpulent woman of about sixty years of age, who complained of severe intestinal indigestion. She was puffed up and bloated. She was excessively irritable and drowsy. For a year back, she had been unable to sit up for one hour a day without falling to sleep over her work. She would awake occasionally at night with a dry, parched mouth.

She had a bad taste in her mouth, and an offensive odour to her breath. The bowels were constipated. A great deal of drowsiness occurred while sitting, relieved by walking fast in the open air. There was a sense of intoxication. A small, acuminate, itchy rash appeared over the abdomen.

This woman presented many other symptoms of a minor character; but the excessive drowsiness and the dry, foul mouth were the most charactistic. She had received *Nux moschata*, *Sulphur*, *Opium* and *Baptisia*, with no result. *Indol*, in the sixth potency, was

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administered every two hours, with the result that the excessive sleepiness completely disappeared and the foul mouth cleared up.

Case 4. This case was in a freshman student in Hahnemann Medical College, Philadelphia, who was sent to me by Dean Pearson. This young man, while examining his urine, in the laboratory of the College, discovered an excessive precipitate of indican. Finding that he was distressed about this, the Dean sent him to me.

Without any change of diet, I prescribed *Indol* in frequent doses, with the result that the indican completely disappeared from the urine, which was examined by the Dean each day. Within two weeks, after taking *Indol,* this young man's general health improved, and he remained well while under my observation for five months subsequently.

Indol is no panacea for cases of indicanuria. It can be curative only when the symptoms agree according to the law of similars, but I believe in this new substance we have a valuable agent for many of these cases of autointoxication that are the result of various forms of intestinal putrefaction.

LETTER FROM THE FRONT.*

DEAR MISS BELCHAM,—I have been waiting to write to you till I had some settled abode to write from, as we spent some considerable time in getting here. I will now tell you where " here " is ; one is not supposed to put the address at the head of the letter, but incorporate it in the text (censor's regulations).

I am attached to the 20th Stationary Hospital, Salonika, about four miles from the town. The hospital is composed of tents and marquees, holding about 600 patients, about half of whom are natives—Greeks, Maltese, Egyptians, Arabs all in the service of our army, as muleteers or platelayers, and a few as interpreters. They speak no English, so we have to

* We owe permission to print this letter to the kindness of Miss Belcham, Matron of the L. H. H.

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treat them through the medium of interpreters, one for the Greeks, and another for the others.

The very great majority of them are suffering from malaria—not first attacks, but relapses. There are practically no mosquitoes about now, so no fresh cases of malaria. The next most common diseases are dysentery, rheumatism, and mule kicks.

I have seventy beds in my charge, with absolute choice as to treatment.

Of course, I use our system whenever possible, but it is not often practicable, as it is so difficult to get the necessary symptoms out of the natives (all mine are natives) also the dispensary here does not contain many drugs that I can use homœopathically. I use my own mostly.

However, I have applied for some more, which though our homœopathic remedies, are yet in the B.P., e.g., *Arnica* and *Hamamelis*. I doubt if I shall get them, and they will probably begin to suspect me of unorthodoxy! Though I don't suppose anyone would mind much if they knew, so long as I didn't kill more patients than anybody else.

As a matter of fact, the results here (the immediate results, anyway) are good. There have been no deaths since I have been here, with probably 700 or 800 patients passing through the hospital. One or two have been pretty bad, but the recuperative powers of the natives are marvellous. A man will be practically pulseless with dysentery one night, and the next morning sitting up eating nuts! One has very little control over their diet. There is one orderly to say forty patients, in four separate marquees, and he cannot be everywhere at once.

And the natives are just big children, and cannot or will not understand what they should or should not eat.

But the work is interesting, and probably I am more use here than I should be nearer the front, where there would be more surgery.

We are about forty miles from the firing line, but can often hear our big guns strafing the Bulgars. Even at that distance, the percussion makes the air vibrate.

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We get a good many much louder explosions from blasting at stone-quarries quite near, but one soon gets to ignore these.

We are seven M.O.'s here, and I share a tent with another man who came out from England on the same boat.

We had a most interesting time coming out. Sailing from Southampton, in the hospital ship *Letitia* (a Donaldson boat from Glasgow—ask Dr. Weir if he knows it), we reached Malta in a week, stopping, an hour or so off Gib., but not going ashore. At Malta we spent the inside of a week at a "rest camp" five miles out from Valetta, a camp for those passing through. We had a very good time here, getting perfect bathing every day, a straight dive from the shore into twenty feet of water. And the buoyancy and blueness of the Mediterranean is marvellous.

We went into Valetta several times, and found excellent shops, including a Junior Army and Navy Stores, and saw the wonderful St. John's Cathedral and the unique Chapel of Bones.

We reshipped on the *Formosa*, which in pre-war days was an emigrant ship, and has been beautifully fitted up as a hospital ship, and arrived at Salonika, after being two-and-a-half weeks on the way. We came to the conclusion, that the W.O. had no very urgent need for us!

The *Aquitania* (hospital ship) did the whole voyage from Salonika to England in five days.

It was quite a relief to get some work to do, after being slack as I had been for six weeks, including my time at the training camp at Codford.

Even now, one has plenty of spare time. The W.O. doesn't seem to encourage work.

One goes round the "wards" at 9.30 a.m. and again at 6 p.m., and the rest of the day is practically free—unless one happens to be Orderly Officer for the day, which post is taken in turn. In that case, the day's programme is as follows:—

7 a.m.—Sick parade and examination of discharged patients.

9.30 a.m.—Round the wards.

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12 noon.—Tour of camp, to ascertain if any complaints, etc.
2 p.m.—Attend *Quinine* parade, and see every man gets gr. x of *Quinine* (prophylactic) (much too much in my opinion).
5 p.m.—Tour of camp again.
6 p.m.—Round wards.
9 p.m.—Round camp to see lights out.

Besides these duties the orderly officer has to examine and sign for all fresh admissions, and is also liable to be called up at night, if any urgent case needs seeing.

It is very comfortable here; food plain but good; and the tent life makes one very fit.

The weather is perfect—if anything a little too warm in the middle of the day, but cooler at night. Cloudless blue skies all day and every day.

And the sunsets here are something too wonderful to attempt to describe. The flies are a nuisance but not intolerable. In fact, this is the best time of year from every point of view.

I often wonder how things are going at the L.H.H., and wish I could run over for a day and see you all. I am sorry I missed seeing you the last time I called.

But perhaps it will not be so very long before I do see you all again.

The general opinion here is that it is doubtful if the Bulgars can last out the winter.

Anyway, it is a great experience to have come out, and I wouldn't have missed it (though, I daresay, in the winter, when the mercury goes down below zero, I may wish I were back in old England !)

Please give my kindest remembrances to everyone.

With kind regards, from

Yours sincerely,

H. FERGIE WOODS.

If—just supposing—that anyone wanted to write to me, the address would be Lt. H. F. Woods, R.A.M.C., 20th Stationary Hospital, Salonika, and if they did, would they let me know Dr. Cunningham's latest address ?

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MISSIONARY SCHOOL OF MEDICINE.

An interesting meeting of the Missionary School of Medicine was held on Tuesday, October 10th, 1916, at the Londnon Homœopathic Hospital, when the Session was opened and new students welcomed.

The Chair was taken by F. W. Miller, Esq.

Dr. Neatby, the Hon. Secretary, presented a very encouraging report of the work of the last Session. In spite of a shortage of Lecturers, owing to so many of the latter being away in the service of their country, the full course of lectures and practical instruction had been given, in the Wards, the Out-patients' Departments and the Lecture Room.

Dr. Neatby said if at times one was tempted to close the School for the duration of the War, that temptation was soon overcome on receiving letters from former students, now working in remote places in the foreign Mission Field. He had only to read some of these accounts to convince him of the absolute need to "carry on." More and more is the need of some medical training for missionaries impressed upon us. Such equipment is second only in importance to the theological part, for repeatedly do we hear of missionaries being thrown entirely on their own resources, as numbers of them are often three and four days' journey, or more, from the nearest doctor, and if emergency arises, where would they be if they had gone out in utter ignorance of medical or surgical work? We know from their own reports, that life has been saved over and over again, owing to the fact that they knew what to do in time. Then as to the spiritual side of their work; the medical help they are able to give to the natives amongst whom they labour, is *the* "open door" to their hearts and to the entrance of the Gospel. It is not too much to say that in nine cases out of ten, if the "white man" can heal their sick, or at any rate relieve them, the natives will respond by listening to the "good news" the missionary has to tell.

Dr. Neatby gave a few interesting accounts he had received from some of the former students. He quoted

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a letter from one working in Tripoli, in which the writer, in giving some of her experiences, said: "The knowledge gained at the Missionary School of Medicine has been of service in many ways. I believe it saved my own life and it has enabled me to bring relief to many an Arab woman. A young girl came to me, greatly distressed by a growth at the side of her mouth. She said a doctor had promised to remove it for £20, but she had neither the money nor the courage for the operation. I began treating her with *Mercury* internally and *Caustic* locally, and to our mutual pleasure the swelling decreased, leaving only a slight redness of the skin."

"A black girl, with necrosis of the thumb of right hand, was too afraid to go to the Italian hospital for treatment, but from the first day she came to me the pain became easier, she was able to sleep, and I persevered with fomentations until the dead bone came away, and the flesh healed, and the girl was able to resume work."

"I was asked to visit a woman in the country, a sheep having trodden on her bare foot. I found a sore the size of the palm of my hand, and the middle toe hanging by a scrap of flesh. I cleansed and dressed the sore daily at first, then gradually less frequently, until it was healed, and the toe had grown again into its place." She concluded, "I thank God that He enabled you to arrange this course of studies, and pray that His blessing may rest on the work of the School, which makes it possible for us to heal the sick as well as to preach the Gospel."

Dr. Neatby, also quoted from another former student of the School, now working in China. He wrote telling some of his experiences in the Chinese Revolution in 1911. He was called upon by the military to attend to some of the wounded, and he, knowing no other medical help was near, was only too ready to do what he could. He says: "In one case a man had a bullet lodged in the upper arm; it was impeded by and grazed the bone, and lay embedded in the arm about two inches from the axilla. I got my instruments and disinfectant solutions placed around

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me, together with lint, wool and bandages, and when all was ready, I made an incision, and with the aid of forceps the foreign body was dealt with. The wound was then cleansed, drained and bandaged, and the patient recovered. The next case was a bullet wound in the lower limb, which after cleansing and application of the necessary ointment, I bandaged and it made rapid progress."

" Another case was one where leaden bullets entered the back in the region of the right kidney, passed through the patient and lodged in the region of the left kidney. After locating the spot, I made the necessary incision and got down to the bullet. This case took a long time to yield to treatment, but the man was able eventually to get up and about again."

" One man was severely wounded at the elbow joint, and a portion of his clothing was forced into the arm, as a big gaping wound had been inflicted. It took a long time to heal, but in due course, the man recovered the use of his arm. . . . One of the Generals came to me with a flesh wound and asked me to attend to it."

" The General Officer Commanding thanked me for the services I had rendered. . . . Teeth extraction is another side I am constantly in demand for. All this medical work is a splendid auxiliary to our main missionary work, and many have been influenced permanently, and not a few have found peace in Christ through believing."

The Chairman (Mr. F. W. Miller) said he was able to testify to the thoroughness of the training given at the Missionary School of Medicine.

The President, the Rev. J. Stuart Holden, M.A., D.D., gave the closing address to the students, making the word " Service " the keynote of it. He referred to the double aspect of service in its relation to the Lord Christ. His servants receive strength and stimulus from seeing the Master's face, and on the other hand, that same beatific vision is the reward of their devotion.

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SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Second Meeting of the Session was held at the London Homœopathic Hospital on November 2nd, the president in the chair.

After the minutes had been read and confirmed, the President had the sorrowful duty to announce the death of Dr. Sandberg. Tributes of deep appreciation were paid to his memory by Dr. Burford and Mr. Johnstone, and a vote of condolence to the family passed by the Society. Dr. John Weir will undertake the duties of Secretary in place of Dr. Sandberg for the remainder of the Session.

It was agreed that in future, comments on specimens shown at Society Meetings should be deferred till after papers and discussions. Dr. Jessie Murray addressed the Society very clearly and ably on the New Psychology and its analogies to Homœopathy and Dr. Octavia Lewin read a short paper on a new antiseptic for wounds, called " Bipp," quoting her own and other results of great success. A good discussion of both subjects followed, in which Mr. Dudley Wright, Dr. Stonham, Mr. Johnstone, Dr. Goldsbrough, Dr. Munro (present as a visitor) Dr. Green, Dr. Burford, Dr. Hey, Dr. Weir, and the President took part. Both ladies replied.

NOTIFICATION.

*** Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. E. L. HUGHES.

Dr. E. L. HUGHES has taken up work in New Zealand. His address is *Dominion Road, Corner of Mount Pleasant Road, Auckland, N.Z.*

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

Chalmers House, 43, Russell Square, W.C.

RECEIPTS FROM 16TH OCTOBER TO 15TH NOVEMBER, 1916.

General Fund.

Subscriptions.	£	s.	d.
Miss E. Gibb		5	0
G. K. Smith, Esq.	1	1	0
Mrs. Laing	1	1	0
Mrs. Tuppen	1	1	0
E. Cubitt Sayers, Esq.	1	1	0
Mrs. Warren		10	6
W. Foat, Esq.	1	1	0
Miss Morehead		10	0
The Misses Case		10	6
R. Newton Crane, Esq.	1	1	0
Miss A. E. Keep	2	2	0
Mrs. Machell Smith	1	1	0
Dr. H. Fergie Woods	1	1	0
Dr. Arthur Roberts	1	1	0
Mrs. Rossiter Hoyle	1	1	0
Dr. F. H. Bodman	1	1	0
Miss M. A. Prichard	2	2	0
Miss A. de Sélincourt	1	1	0
Mrs. Dawson	1	1	0
Dr. S. Morgan		10	6
Mrs. Marshall		10	6
Mrs. Spensley	2	0	0
Dr. Weir	1	1	0
Mrs. Collins		5	0
Dr. Compston		10	6
E. Shorrock Eccles, Esq.	1	5	0
Mrs. Willis	1	1	0
Dr. M. L. Tyler	1	1	0
C. G. Fothergill, Esq.	1	1	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 15th November.

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EXTRACT.

DATURA STRAMONIUM.*

By M. M. FLEAGLE, M.D., Hanover, Pa.

THE Datura Stramonium, Thornapple, or "Jimson Weed," belongs to a large and interesting family in which there seems to be no "poor relations."

It is usually found growing in profusion where there is most filth or waste, and there would be little wonder if it were adapted to diseases derived from the same source. It is truly a weed of civilisation, and the Indians named it "The White Man's Plant," in allusion to its clinging to waste heaps, near the abodes of civilised man.

It is an old remedy, and was first proven by Hahnemann. Our tincture is made from the powdered seeds. Many cases of poisoning are on record, but goats eat the leaves with impunity. Cows are not much affected by eating the plant, but the milk becomes poisonous to children.

Stramonium, in actual practice, is not used nearly so much as it ought to be, principally because the majority of us do not understand its true nature, and give *Belladonna* as a routine remedy, when *Stramonium* would fit the case far better, if we only knew.

My principal object in selecting *Stramonium* as the subject of this paper, is to bring forth, in this time of need, a remedy which will save many lives, and much affliction, for many children now suffering from that dreaded disease—infantile paralysis. We homœopaths have such rich treasures which have lain untouched for years, that it is time we take such steps as will show the world that we have a system of drug therapy the like of which cannot be excelled by any known methods, scientific or otherwise, up to the present time. Right here I will say that I believe homœopathic remedies can and will conquer infantile paralysis, if properly prescribed, and of all these remedies, *Stramonium* stands at the head. A careful study will show its

* From *The New England Medical Gazette.*

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almost complete homœopathicity to the clinical symptoms of the disease, as noted by many observers, and by text-books generally. I fully believe that if *Stramoninum* were prescribed instead of the routine *Belladonna* or *Gelseminum*, we should save many more lives.

The reason for this is that *Stramonium* is a far deeper acting drug than it is usually thought to be; in fact, it stands almost on a par with *Silicea* and *Sulphur* I want to emphasise this fact, that whenever you prescribe *Stramonium* correctly, in a case of brain disease, *remember* that you always have a deep seated, serious trouble underlying the symptoms, and such a trouble infantile paralysis has shown itself to be. Let me instance the depth of action of *Stramonium* along this line:—there is a class of cases coming on from suppressed ear discharges for which the allopathic physicians have no remedy, and they give them up at once. The discharges from the ear cease, a basilar meningitis comes on, and there is awful pain through the base of the skull and in the uper spine; the forehead is wrinkled, the pupils are dilated; the eyes are glassy and staring; there is scarcely any fever and there may be a history of some mastoid trouble, or necrosis of some of the bones about the ear. Now there will be present also one of the chief characteristics of *Stramonium* (one which no scientist can explain), viz.,:—"The patient is afraid in the dark, wants a light in the room, yet he cannot stand a bright light"—so this patient insists on having a light in the room, but turns his back toward the light, nor does he want to be alone. *He wants light and company, but cannot stand a bright light.* I think you will all admit that you have quite a serious condition here, but *Stramonium* has saved lives under just these conditions. I have seen a number of cases also of suppressed ear discharge, brought about by the improper use of *Hydrogen Peroxide*, in the hands of unskilled or ignorant physicians, cured by *Merc. viv.* 200, thus averting a serious operation, so it will be well to remember *Merc. viv.* also in relation to *Stramonium* in these cases.

There is another characteristic to which I want to

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call your attention, viz., :—" Painlessness with most complaints." It is well to remember, however, that *Stramonium* is useful in high grade inflammations with suppuration, and is capable of carrying them through like *Merc. viv.*, *Hepar*, *Sil.*, etc., but in these conditions there is, many times, most excruciating pain. Personally, I think the idea of " Painlessness with most complaints " was gotten from the fact that the chief use made of this remedy by most practitioners is in manias and certain nervous conditions, which conditions are not commonly associated with much pain, although in low types of fever we find, for instance, " retention of urine without pain," which reminds me of another condition with which we are frequently confronted, that is,—old men cannot pass urine unless they strain continually. If they stop to take a breath the urine ceases to flow. Try *Stramonium.*

I do not think that *Stramonium* has a marked periodicity. Remedies, like diseases, have a certain " gait," as it were, and we are accustomed to think of *Belladonna*, *Hyos.*, and *Stramonium* as the chief members of the *Solanaceæ*, whose " gait " is similar, but as a matter of fact, there is a considerable difference. With *Belladonna* you get the idea of intensity—diseases coming quickly and going quickly, like a *cyclone ;* with *Stramonium* you also have great violence and intensity, but more like a mighty earthquake, which rocks the very foundation of things, i.e., *Stramonium* goes deeper into the economy, *and always has a history back of the symptoms.* It may be syphilis, sycosis, or psora, but always a history. *Hyoscyamus* stands third, with the least fever and the least violence, although I might class it as a sort of " therapeutic tadpole " i.e., mostly head. In this connection I think the observation of Talcott is quite apropos. Commenting on the delirium of *Stramonium* in comparison with some other remedies, he says : " Now remember this group of facts : *Bell.* is fierce and brave ; *Stramonium* is wild and cowardly ; *Hyoscyamus* is jolly and companionable ; *Veratrum alb.* is hopeless and despairing, or wildly plaintive, beseeching for his salvation, which is apparently lost."

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Another peculiar symptom, quite characteristic, is that the *Stramonium* patient cannot look at water, a mirror, into the fire, or at anything bright. It brings on convulsions, or a sensation of choking. There is not only fear of water, like *Belladonna, Hyos., Canth.*, and *Hydrophobinum*, but even hearing water run produces peculiar symptoms. *Hydrophobinum* has cured "involuntary discharges of urine and stool when hearing water run." These things would naturally lead us to think of *Stramonium* in that dreadful disease, hydrophobia.

You will no doubt, notice that I do not touch upon the mental symptoms to any extent, principally because I take it for granted that most of you are familiar with them. If not, study them carefully, as they are most important.

"Vomiting—worse when raising the head from the pillow," might also make us think of *Bryonia alb.*, but this vomiting is also worse from a bright light. Another thing that may stand you in good stead sometime is this :—" Convulsions, *with consciousness.*" Now this is rather unusual, at least in my experience, and few remedies have it.

Stramonium has many convulsive, and especially, *spasmodic* symptoms, and probably every asthmatic person in the world has at some time tried smoking *Stramonium* leaves, either alone or mixed with nitre.

The laying of *Stramonium* leaves on galls and ulcers produced by ill-fitting collars, on horses, is an old and well known remedy among countrymen. It is a very useful remedy to know in the treatment of chorea and stammering (Bovista).

During delirium the *Stramonium* patient sees mostly dark or black objects, especially black dogs, or bugs, etc., and the hallucinations are much more real than in *Hyos. Stramonium* is very useful in convulsions produced by fright, especially in fright from fire or from animals,—convulsions in which the most of us would give *Belladonna* or some other drug.

A peculiar and not very common symptom, found under *Stramonium*, and to which I wish to call your attention is :—" He feels very large, or as if some part

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of his body were much larger than the other, *or as if he were double.*" This last symptom occurs many times in the delirium of fevers, and is found also under *Baptisa*, *Petroleum*, and *Thuja*.

Stramonium is, above all, the remedy " Afraid to go home in the dark "—primarily, *because he is afraid of the darkness*, and secondarily, because he *cannot walk in the dark*, so you see he is just like a patient suffering from locomotor ataxia, and you will again note its action on the spinal cord. Of its special action along this line I shall speak in a " Monograph on Infantile Paralysis " which I am preparing.

In conclusion, I want to say that *Stramonium* is adapted to young, plethoric persons, with light hair (similar to *Bell.*), and while there is no marked periodicity, the patient is generally worse at night and in the morning; also worse after sleep, like *Lachesis*, *Apis*, *Opium*, *Spongia*, etc.

The patient is afraid in the dark; wants the light, but is aggravated by a bright light, or any bright object, and is worse in the sunlight. *Worse when alone, wants company*, but is worse among strangers.

The patient is predominantly *better* when lying on the *left side*, or on the painful side. The paralysis is generally painless, and on both sides of the body. There is a great choking sensation with aversion to looking at water, yet there is violent thirst.

Stramonium is a great remedy in delirium tremens. Try it. *Stramonium* is a very useful remedy in ailments arising from fright, bad news, or jealousy.

Relationship.—The dynamic antidotes are *Bell.*, *Hyos.*, and *Nux vomica*. *Stramonium* is very useful in the bad effects from *Mercury*, and *Plumbum*. Large doses are antidoted by lemon juice, or by vinegar.

Many more things of importance might be said about *Stramonium*, but time forbids. The most important thing is to learn the nature of every drug, then make your own key-notes and applications—*get the image* of the remedy. Having done this it will not matter about the individual who tells you these things, since a great or a small man may tell you truth or falsehood.

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OBITUARY.

DR. ARTHUR SANDBERG.

As we had the melancholy duty to announce last month, Dr. Sandberg died suddenly at the end of October as the result of an acute attack of Pneumonia at the age of sixty-two. The son of the Rev. Paul Sandberg, Arthur Sandberg was born in Rotherham and when he decided to become a physician was articled as a pupil to Dr. J. Hardwicke of that town. Later he went to the Liverpool Medical College and graduated L.R.C.P. and M.R.C.S. in 1875. In 1879, having become converted to a belief in Homœopathy, he graduated M.D. of the University of Vermont, U.S.A. For some years he was resident medical officer to the Sheffield Medical Institute and afterwards surgeon to the Cunard and Guion Royal Mail Steamship Company. Later he settled in practice at Brixton Hill and married Ethel Caroline, only daughter of the late Frederick Clifford, K.C. He was very successful in practice, in Brixton and the neighbourhood, both alone and in partnership with Dr. Gould. At the close of his partnership he removed to Streatham Hill and there continued to work very successfully till 1913, when he gave up general practice. Thereafter he worked as a consultant, first in Sloane Street, then in Queen Anne Street, up to the time of his death. The death of Mrs. Sandberg about a year ago, was a very severe blow to him and he never fully recovered from it, but nevertheless so active was he in body and mind and so full of vitality that his sudden death comes as a great shock to his colleagues.

Dr. Sandberg was universally respected and beloved by patients, friends and colleagues. No one ever heard him say an unkind word, his influence was always of the kind to reconcile rather than to disturb, and wherever he went he was a moderator of tendencies to strife, a healer of dissensions, an influence for happiness and content. His sunny, genial nature was backed by sound common sense and shrewdness, and personally and professionally his opinions were

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always valued by those who knew him. He was not a voluminous writer, but he published (with Dr. Tudor) a book on Isotonic Sea Water injections, a matter upon which he was an authority, being one of the physicians at the Quinton Polyclinic. His successful use of the treatment for neurasthenia attracted a good deal of attention. He spoke at B.H.S. meetings fairly freqeuently and always to the point.

At the time of his death he was Secretary of the Society.

Dr. Sandberg was a keen cricketer for many years, and, at his school, captain of the Rugby fifteen. He had great social gifts and was a welcome guest in many circles. He was an enthusiastic Free Mason. He joined the Lodge of Unanimity in 1878, and transferred to the Fidelity Lodge in 1886. He was master in 1893, and secretary from 1902 till his death.

A man so many sided, of such various capabilities, must perforce be greatly missed, and the more that his personality was so attractive and genial. But his memory will live long in the minds of all who knew him and no one will ever think of him but with sincere affection and deep regret for the loss of his friendship, and help. Honour to his memory!

VARIETIES.

"AVIATOR'S SICKNESS."—The discussion of one of the associations of aviation in your columns of May 3rd—an issue of *The Medical Press and Circular* now permanently associated in my memory with the very effective hold-up of postal functions produced by our explosive Sinn Fein upheaval— has recalled to my recollection the existence of a French book which first saw the light somewhere about 1880, and of which a copy is at present buried away "somewhere in" the disorderly contents of my chaotic library. This prognostic volume dealt, and with clairvoyant anticipation, with a large proportion of the creations and achievements of the (then "coming") "Twentieth Century." It was very liberally illustrated, and the author—evidently a genius of the Jules Verne school—has surely good reason, if still living, to feel proud of the productions of the inspiration afforded by his prophetic gift. For there the reader was treated, among other delights, to views of sundry and manifold flying machines:

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bird-shaped, fish-shaped, fly-shaped, cigar-shaped; engaged in conveying passengers across land, and over sea: on business trips, holiday and honeymoon excursions, touring pilgrimages, migratory movements, journeys of emigration, mercantile transmission, postal transit and delivery, etc., etc., with interjected halts at central metropolitan stations, and punctuated delivery of amatory epistles at upper bedroom windows, in fashionable town areas and at aristocratic country mansions. Such prophetic projection of the *idea*—in the literal sense of this pregnant term—on the cinema screen of mental vision has surely proved the source of the inspiration which has so successfully produced a teeming harvest of " modern " miracles of science and conquest of nature.

There can be no serious question, as I believe, of the front-rank position of the wireless, the cinema, and the air machine among the items of the vast congeries of gifts which have been conferred by science upon humanity during the few past years, as majestic and enduring monuments of the triumphal achievement secured by the cosmopolitan leaders of the contemporary progressive march of intellect. No other age of the world's record has been known to produce, within corresponding limits of time, anything comparable to the expanding conquest of nature's mysteries and obstacles that has been effected during the expired decade and a half of this our own wonderful twentieth century. And nothing worthy of mentioning in the same breath with the three above-named can now be brought into the court of skilled historic scrutiny —with the probable exceptions of the Röntgen rays and the radium emanations. These, too, have been found to levy their respective tolls of personal injury—on the cutaneous integrity of their votaries. They have also revealed the association of discounting drawbacks in the culture and application of their respective, apparently almost miraculous, properties and powers. And while the former has proved productive of a good deal of clinical neglect of the culture of the powers of skilled audition, trained visual conception, and the proverbial *tactus eruditus*—to say nothing of the collateral revelations procurable by the evidence of smell and taste—the mysterious properties of the latter have lent themselves all too readily to the criminal pretensions of the licensed quack, and the woeful gullibility of a gaping and suffering public, always on the vain look-out for the advent of a messianic remedy possessed of the gift of redemption from all previously incurable infirmities of the flesh. But the hour has not yet come, and humanity has still to bear its continuously modified burden, while unceasingly goaded onwards by the stimuli of mental and physical tension and torture; some old and others new! The most dismal of the facts recalled by such reflections is, of course, presented by the present interrelationship of the leading communities of our old-world civilisation—all of which are just now eagerly occupied in the concentration of all their capitalised knowledge and intellectual culture, with all their available mechanical and specialised professional skill, on the sole purpose and methods of mutual destruction. A consuming fever of thought and action!—how

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consoling it would be if we could only dare to hope that the concluding crisis would be succeeded by permanent immunity.

One of the inevitable pathological excrescences of the (very practical) science of aviation was bound to germinate in the minds of the amateur physiologists of limited education who elected to discuss the all-important question of the maintenance of the equilibrium in this connection. The characteristically Gallic suggestion of the function of the semicircular canals in furnishing the sense of direction and capability of maintenance of equilibrium could not fail to bear fruit here. The curiously diagrammatic arrangements of those unique constituents of the complicated auditory apparatus have, times without number, produced quite a mesmeric effect on the eagerly inquiring medical student of the second year curriculum. (I can answer for one.) Their arrangement is so strongly reminiscent of that of the co-ordinates of Descartes, with the aid of which the semi-inspired founder of modern algebraic geometry located the position and relative direction of a point in space. But the gilt veneering has now been long since worn off, and the crude metallic fact remains that there exists no truly logical evidence of such location of a function—of which the actual centre is necessarily placed in the nerve cells of the auditory area of the cerebral cortex—any more than of the validity of the location (by the aforenamed Descartes) of the human soul in *conarium* (*glandular pinealis*): *because* the soul must have a material organ; this organ must be a part of the brain, the organ of intellect; it must also be *azygos* in arrangement, central in position, and unique. As well might one have argued that the very peculiar *snail-shell* form of the adjacent *cochlea* provided the innate *laziness* which a trans-Atlantic philosopher has pronounced the first instinct of humanity, and that the sugar-tongs outline of the forceps of Reil is the cerebral locus of man's taste of sweetness. Other enthusiastic inquirers have used some of the above arguments for location of the soul: in the *corpus callosum*, in the *septum lucidum*, in the cavity of the fifth ventricle itself, in the sub-arachnoid space, in the heart, in the blood, in the animal spirits, etc. But Van Helmont, "the Father of Modern Chemistry," went one better and at least 90° lower, for he actually located the immortal principle of life at the pylorus! (Was he a martyr to dyspepia? Did he receive a solar-plexus knock-out thrust among his school and college experiences? Or was it that he was really, if not nominally, of German ancestry?)

Then the unlucky semi-circular canals have been saddled with the loss of power of maintenance of verticality after Tommy Burns's lightening operation. An eminent metropolitan surgeon was to say so, after Tommy's triumph, in an "interview" which displayed more mastery of pugilistic than of physiological science. But the barefooted young ruffian of an Irish village seemed always to know (? by instinct) the efficacy of "a clout at the butt o' the lug" with the threat of which he bullied the smaller boy. So did that proverbially skilful operator, Jack Ketch, when he

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located his sinistral knot at that part of his patient's surface! And the very obvious *rationale* is that the brain rests there, gravitationally, on a dense unyielding bone, with next to no fluid pad beneath; while the position also affords the best leverage for a disturbing side-thrust, which throws the delicate machinery quite as *anœsthetically* out of functional commission as if it had been subjected to the lacerating Haughtonian procedure.—*Medical Press.*

INJURIES OF NERVES.—During the present war, a vast amount of information about injuries of nerves, their diagnosis, prognosis, and treatment, has been brought together in France, particularly by the Neurological Society of Paris. Dr. Tinel has selected the best part of it all, and has recently published an excellent account of the signs, symptoms, and diagnosis of nervous injuries. The means of diagnosing functional from organic disease of the peripheral nerves are discussed at full length, and the indications for the operative relief of those nervous lesions that are amenable to surgical treatment are set out in detail. In an introductory note Professor Dejerine points out the need for the collaboration of physicians and surgeons in many of these cases, and the importance of making precise anatomical diagnoses in every instance of trauma or gunshot wounds of nerves. It is estimated that from eighteen to twenty per cent. of the men wounded in the limbs have more or less important injuries of the nerve trunks; the percentage is far higher if the cases of slight trauma are eliminated from the reckoning. Dr. Tinel's essay is divided into three parts. The first gives a detailed account of the general examination for a diagnosis of injuries to nerves, and the second contains a mass of clinical information about cases involving either the arm or the leg. The third part is brief, and consists of an excellent summary on the subject of the prognosis and treatment of injuries of nerves. Dr. Tinel estimates that spontaneous recovery takes place in from sixty to seventy per cent. of the patients, although in ten or twenty per cent. of surgical intervention would have quickened the process of cure. Surgical operation for the suture of a divided peripheral nerve, or for its liberation from the grip of cicatricial tissue, is required in thirty or forty per cent. of the cases. The suture of divided nerves should give satisfactory results in from eighty-five to eighty-eight per cent. of the instances to which it is applied; the results are better if the surgical interference takes place early, but may be good even twelve or fifteen months after the receipt of the injury. Restoration of function after the suture of a nerve is necessarily slow, because, even under favourable conditions, and in young subjects, the regeneration of the cut axis cylinder processes takes place at a rate of only one or two mm. a day. Dr. Tinel writes clearly, and has reproduced a number of photographs of patients and delineated schemes of nerve supplies. The information he has collected will be of particular interest to those who have to deal with wounded soldiers from the seat of war.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or *locum tenentes*. should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

To CONTRIBUTORS.—Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

Flagg (Paluel J.). The Art of Anæsthesia. 8vo. (Lippincott. Net 15s.).

Fletcher (N. Corbet). A Compendium of Aids to First-Aid. With Introduction by James Cantlie. 3rd edition. 18mo. (Bale. Net 6d.).

Hutchison (Robert). Food and the Principles of Dietetics. 4th edition. 8vo, pp. 637. (E. Arnold. Net 16s.).

Lovett (Robert W.). Lateral Curvature of the Spine and Round Shoulders. 3rd edition, revised and enlarged. 8vo. (Heinemann. Net 8s. 6d.).

Morison (Rutherford). Surgical Contributions, from 1881-1916. Vol. 1. General Surgery; Vol. 2. Abdominal Surgery. 8vo, pp. 965 and 439. (John Wright. Vol. 1, net 15s.; Vol. 2., net 30s.).

Ramsey (Walter R.). Care and Feeding of Infants and Children. Including suggestions on Nursing by Margaret B. Lettice and N. G. Gossman. (Lippincott's Nursing Manuals). 8vo. (Lippincott. Net 9s.).

Ross (William) and **London** (Julian). A System of Case taking with Explanatory Notes. Cr. 8vo. (Macmillan. Net 2s.).

Shears (George Peaslee). Obstetrics Normal and Operative. 8vo. (Lippincott. Net 25s.).

Short (A. Rendle). When to Advise Operation in General Practice. Cr. 8vo, pp. 285. (Simpkin. Net 5s.).

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TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, *Garryowe , Putney Hil', S.W.*

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

CORRESPONDENTS.

Dr. Neatby, London — Dr. Hooker, Boston—Dr. E. Hughes, New Zealand — Dr. Haddon, Hawick—Dr. Simpson, Birkdale.

BOOKS AND JOURNALS RECEIVED.

Brit. Hom. Review.—Revist. Hom.—Med. Times.—Med. Advance.—The Chironian.—La Homœopatia.—Ind. Hom. Rev.—Hom-Envoy. — Med. Century. — Rev. Hom. Française. — H. Recorder. —L'Omiopatia in Italia.—N.A.J. of H.—New Eng. Med. Gaz.—L'Art Médical.—Annals de Med. Hom.—Hahnemannian Mon. — Pacific Coast Journal of H.—Journal B.H.S.—Calcutta Jour. of Med. —Le Propagateur de L'Homœopatie.—Fran Homöopatiens Värld.—Journal of the American Institute of Homœopathy.—Indian Homœopathic Reporter.—La Critica.—The Homœopathician —Iowa Homœo. Journal.—Homœopathisch Tijdschrift—First Principles in Therapeutics, Goldsbrough.

The Homœopathic World.

CONTENTS OF NOVEMBER NUMBER.

The Opening of the Session.

The late Mr. Ralph Callard.

NEWS AND NOTES.

ORIGINAL COMMUNICATIONS:

The Place of Teaching in Homœopathy. By John McLachlan, M.A., B.C.L., M.D. F.R.C.S.,

The Modern Parcae: The Internal Secretions as the Fates of the Body. By Dr. George Burford.

SOCIETY'S MEETING:

British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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EXTRACTS:

Fainting Fits in Children. By Robert Huchinson, M.D., F.R.C.P.,

Malignant Malaria. By Captain J. C. McWalter. M.D., F.R.C.P. and S., R.A.M.C.

Prevention of Tri-Nitro-Toluol Poisoning.

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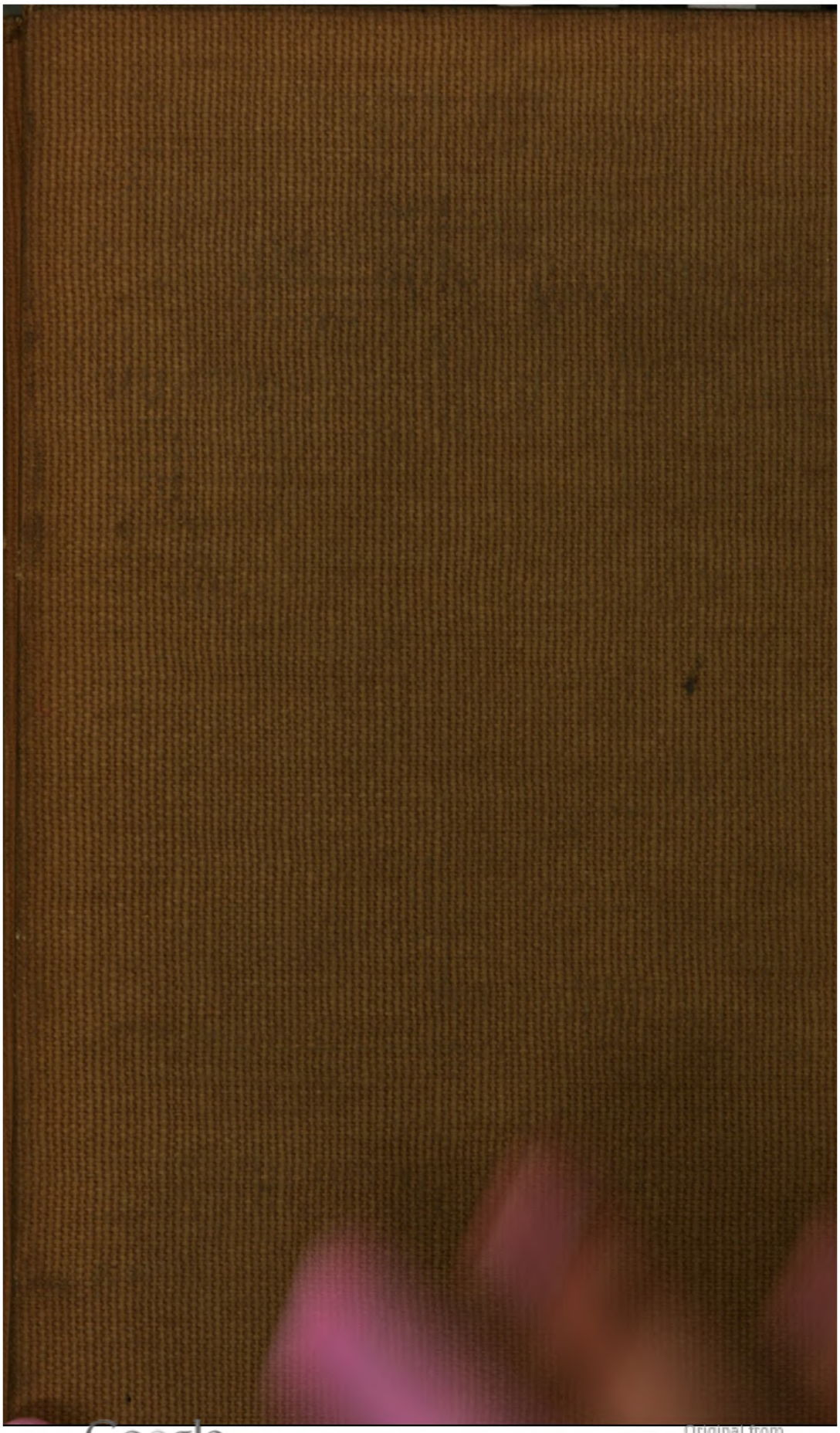




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